



Phone: (509) 836-2020  
 Email: ahlabs@aghealthabs.com

**Billing Info:**

Client Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Report By: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Mail: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## Sheep Blood Submission Form

**Make checks payable to Ag Heath Labs: Mail submission form, samples, and payment to:  
 Ag Health Labs 445 Barnard Blvd. Sunnyside WA 98944**

Lab Use Only Accession #	Animal ID	BioPRYN	OPP	Johnes	CL	Biosecurity (OPP, Johnes, & CL)

Processing Fee: \$10 per submission for under 10 samples  
 (10 or more samples per submission NO PROCESSING FEE)

*(No Processing Fee on BioPRYN)*

Account Type: \_\_\_ Visa \_\_\_ MasterCard \_\_\_ AMEX  
 Cardholder Name \_\_\_\_\_  
 Account Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ Billing Zip Code \_\_\_\_\_  
 CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

Signature: \_\_\_\_\_

