



Submission Form

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 Website: www.aghealthlabs.com

Lab Use Only	
Accession Number	_____
Date Processed	_____

Client Name: _____	Date Submitted: _____
Contact : _____ Phone: _____	Time Submitted: _____
Report By: Fax: _____ Email: _____ Mail: _____	Bill to: _____
Address: _____	
Fax: _____ Email: _____	

BLOOD	
Sample Type:	Quantity:
<input type="checkbox"/> 6060 - BioPRYN Pregnancy Test	_____
<input type="checkbox"/> 6010 - Johnes ELISA	_____
<input type="checkbox"/> 6015 - Total Protein	_____
<input type="checkbox"/> Other : _____	_____

MILK	
Sample Type	Quantity:
<input type="checkbox"/> 5070 - Individual Blood Agar	_____
<input type="checkbox"/> 5060 - Individual Mycoplasma	_____
<input type="checkbox"/> 5200 - Bulk Tank Blood Agar	_____
<input type="checkbox"/> 5210 - Bulk Tank Mycoplasma	_____
<input type="checkbox"/> 5120 - Bulk Tank Series	_____
<input type="checkbox"/> 5190 - Standard Plate Count (SPC)	_____
<input type="checkbox"/> 5160 - Lab Pasteurized Count (LPC)	_____
<input type="checkbox"/> 5180 - Coliform Count (Coli)	_____
<input type="checkbox"/> 5150 - Full Run	_____
<input type="checkbox"/> 5155 - Full Run + Components	_____
<input type="checkbox"/> 4940 - SCC - DCC	_____
<input type="checkbox"/> 5062 - Digitonin Sensitivity	_____
<input type="checkbox"/> Other : _____	_____

MISC	
Sample Type:	Quantity:
<input type="checkbox"/> 9000 - Urine pH	_____
<input type="checkbox"/> 9052 - Fecal Starch	_____
<input type="checkbox"/> 9055 - Bedding Culture	_____
<input type="checkbox"/> 7051 - Towel Culture	_____

WATER	
Sample Type	Quantity:
<input type="checkbox"/> 8010 - Coliform- Drinking Water	_____
<input type="checkbox"/> 8030 - Nitrate- Nitrogen	_____
<input type="checkbox"/> 8050 - Pseudomonas Count	_____
<input type="checkbox"/> Other : _____	_____

Signature: _____

Copy To (complete only if results are to be reported to someone not listed above)

Contact : _____ Phone: _____
Report By: Fax: _____ Email: _____ Mail: _____
Address: _____
Fax: _____ Email: _____