Phone: (509) 836-2020

Email: ahlabs@aghealthabs.com

Goat and Sheep Blood Submission Form

Client Information:

Client Name: _____

Phone:_____

Report By: Fax:____ Email:____ Mail:_____

Address: _____

Fax:_____ Email:_____

Make checks payable to Ag Heath Labs: Mail submission form, samples, and payment to:

Ag Health Labs 609 Franklin Avenue. Sunnyside WA 989844

Lab Use Only Accession #	Animal ID	BioPRYN	CAE (Goat) or OPP (Sheep)	Johne's	CL	Biosecurity (CAE/OPP, Johne's, & 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) _____

Submitted By: _____

Signature: _____