



609 Franklin Ave
 Sunnyside, WA 98944
 509-836-2020
ahlabs@aghealthlabs.com

Goat Blood Submission Form

Client Information

Name: _____
 Address: _____

 Phone: _____
 Email: _____
 Fax: _____

Report Information: Fax: ____ Email: ____ Mail: ____

Sample Information:

Animal ID	Test(s) Requested				
	BioPryn	CAE	Johnes	CL	Biosecurity (OPP, Johnes, CL)

Animal ID	Test(s) Requested				
	BioPryn	CAE	Johnes	CL	Biosecurity (OPP, Johnes, CL)

Payment Information:

- Check Enclosed
- Credit Card

Name on Card _____
 Account Number _____
 Expiration Date: _____
 CVV2* _____

Processing fee - \$10 for submissions under 10 samples for CAE, Johnes, CL, Biosecurity
(No Processing Fee on BioPRYN)

*3-digit code on back of VISA/MC, 4-digit on front of AMEX

Signature: _____



609 Franklin Ave
 Sunnyside, WA 98944
 509-836-2020
 ahlabs@aghealthlabs.com

Sheep Blood Submission Form

Client Information

Name: _____
 Address: _____

 Phone: _____
 Email: _____
 Fax: _____

Report Information: Fax: ___ Email: ___ Mail: ___

Sample Information:

Animal ID	Test(s) Requested				
	BioPryn	OPP	Johnes	CL	Biosecurity (OPP, Johnes, CL)

Payment Information:

- Check Enclosed
- Credit Card

Processing fee - \$10 for submissions under 10 samples for OPP, Johnes, CL, Biosecurity
(No Processing Fee on BioPRYN)

Name on Card _____
 Account Number _____
 Expiration Date: _____
 CVV2* _____

*3-digit code on back of VISA/MC, 4-digit on front of AMEX

Signature: _____