

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

Goat Blood Submission Form

Client Information	Add Ph	ame: lress: none: mail:										
		Fax:							<u> </u>			
Report Information:	Fax:	E	mail:		V	lai	l:					
				Sam	nple In	fo	ermation:					
	Test(s) Request			ueste	d				Test(s) Req	ueste	d
Animal ID	BioPryn	CAE	Johnes	CL	Biosecurity (OPP, Johnes, CL)		Animal ID	BioPryn	CAE	Johnes	CL	Biosecurity
Payment Information	<u>n:</u>						fee - \$12.50 for subm			er 10		
□ Check Enclosed					_		sing Fee on BioPRYN					
□ Credit Card												J
Name on Card: _ Card Number: _ Expiration Date: _ CVV2 Code:												

A service charge of 3.5% will be applied when using a credit card for payment.

Signature:



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509-836-2020 Sheep Blood Submission Form

Client Information Name: Address: Phone: Email: Fax: ______ Report Information: Fax: ___ Email: ___ Mail: ___ **Sample Information:** Test(s) Requested Biosecurity (OPP, Johnes, CL) BioPryn OPP J **Animal ID Payment Information: Processing fee** - \$12.50 for submissions under 10 samples for OPP, Johnes, CL, Biosecurity □ Check Enclosed (No Processing Fee on BioPRYN) □ Credit Card Name on Card: Card Number: Expiration Date: CVV2 Code:

A service charge of 3.5% will be applied when using a credit card for payment.

Signature:	