

Bovine Viral Diarrhea Virus (BVDV) Test Sample Submission Form



BioTracking Inc.
1150 Alturas Drive Ste. 105
Moscow, Idaho 83843
Phone: (208) 882-9736
testinglab@biotracking.com

Billing Information:

Company Name: _____
Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Phone: _____
Fax: _____
Email: _____

Payment Included \$ _____ (check or credit card)
MAKE CHECKS PAYABLE TO: BioTracking

Send Report by:

(Preferred method to receive report; check box(es) and include info)

Email: _____
 Name & Phone: _____
 Fax: _____
 Mail (sent to address under **Billing Information:**)

Office Use Only

Log #: _____
Amount Enclosed \$: _____
Notes: _____

Breed of Animal:

Beef

Dairy

Type of Breed: _____

Optional Information:

Veterinarian's Name: _____

Client's Name: _____

Herd ID: _____

Samples:

Date Drawn: _____ Date Sent: _____

Number of Samples Submitted: _____

Tube #	Animal ID
1	
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Tube #	Animal ID
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Tube #	Animal ID
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Tube #	Animal ID
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