

Small Ruminant Lentivirus

Caprine Arthritis Encephalitis (CAE) /
Ovine Progressive Pneumonia (OPP)

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: _____

Type of Animal and Breed:

Sheep _____

Goat _____

Optional Information:

Veterinarian's Name: _____

Client's Name: _____

Herd ID: _____

Samples:

Date Drawn: _____ Date Sent: _____

Number of Samples Submitted: _____

Tube #	Animal ID
1	
2	
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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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