# ***PAN AMERICAN VET LABS*** BLOOD TEST SUBMISSION FORM

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| LAB USE ONLY  Submission #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ACCT #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Payment Received $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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Lexington, TX 78947

TELE: 512 964 3927

\*\*\*\*\*SUBMITTOR INFORMATION REQUIRED\*\*\*\*\*

CIRCLE ONE: VETERINARIAN or OWNER

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLINIC/FARM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_\_

TELEPHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If submitted by Veterinarian

Owner Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3cc Blood or 1 cc serum required. Sample tubes must be clearly labeled with Sample Number AND Animal ID.**

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| Please complete a separate form for each species  Species Number of Samples Ovine \_\_\_\_\_\_\_\_\_\_   Caprine \_\_\_\_\_\_\_\_\_\_    Bovine \_\_\_\_\_\_\_\_\_\_  Equine \_\_\_\_\_\_\_\_\_\_  Canine \_\_\_\_\_\_\_\_\_\_  Other \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_  If re testing Borderline samples enter submission number from original report  Submission #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Please check services desired.   1. \_\_\_\_\_\_ Ovine Progressive Pneumonia (OPP) 2. \_\_\_\_\_\_ Caprine Arthritis Encephalitis (CAE) 3. \_\_\_\_\_\_ Caseous Lymphadenitis (CL) 4. \_\_\_\_\_\_ Johne’s Disease (Paratuberculosis) 5. \_\_\_\_\_\_ Brucellosis 6. \_\_\_\_\_\_ Q Fever 7. \_\_\_\_\_\_ Toxoplasmosis 8. \_\_\_\_\_\_ Neospora 9. \_\_\_\_\_\_ Pythiosis 10. \_\_\_\_\_\_ Lagenidium 11. \_\_\_\_\_\_ Chagas disease (Trypanosoma cruzi) |
| Enter animal ID for each Sample Number Label tubes with Sample Number AND Animal ID  1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 10.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 7.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 11.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 12.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  attach additional sheets for more samples | |