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

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|  LAB USE ONLYSubmission #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ACCT #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Payment Received $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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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 reportSubmission #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 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)
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| 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 |