

(307) 742-9072

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P.O. Box 924 Laramie, WY 82073

Producer Info:

Name: _____
Company: _____
Address: _____

Phone: _____
Fax: _____
Email: _____

Vet Info: ***If vet is collecting and sending**

Name: _____
Address: _____

Phone: _____
Fax: _____
Email: _____

Species:

Beef Dairy Bison **Results reported to:** Producer ____ Veterinarian ____

Test requested:

Preg Test(No ice) # Samples _____ x \$3.50/sample = _____

Johne's ELISA(ice) # Samples _____ x \$6.00/sample = _____

TOTAL ENCLOSED: _____

Payment is required with sample submission.

Please label tubes with ear tag number not 1,2,3,...

Purple highlighted – Samples **MUST** be shipped **ON ice gel pack** and no more than 2 day delivery to maintain sample integrity and avoid false negatives.

****you may fill in animal id page and email ID's . Print and ship submission page 1 information and payment with samples.**

Tube #	Animal ID						
1		41		81		121	
2		42		82		122	
3		43		83		123	
4		44		84		124	
5		45		85		125	
6		46		86		126	
7		47		87		127	
8		48		88		128	
9		49		89		129	
10		50		90		130	
11		51		91		131	
12		52		92		132	
13		53		93		133	
14		54		94		134	
15		55		95		135	
16		56		96		136	
17		57		97		137	
18		58		98		138	
19		59		99		139	
20		60		100		140	
21		61		101		141	
22		62		102		142	
23		63		103		143	
24		64		104		144	
25		65		105		145	
26		66		106		146	
27		67		107		147	
28		68		108		148	
29		69		109		149	
30		70		110		150	
31		71		111		151	
32		72		112		152	
33		73		113		153	
34		74		114		154	
35		75		115		155	
36		76		116		156	
37		77		117		157	
38		78		118		158	
39		79		119		159	
40		80		120		160	