

PAN AMERICAN VET LABS BLOOD TEST SUBMISSION FORM

4735 County Road 309
 Lexington, TX 78947
 TELE: 512 964 3927

www.pavlab.com

LAB USE ONLY

Submission # _____

ACCT # _____

Payment Received \$ _____

Check # _____

******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.

Please complete a separate form for each species	Please check services desired.														
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Species</th> <th style="text-align: left;">Number of Samples</th> </tr> </thead> <tbody> <tr> <td>Ovine</td> <td>_____</td> </tr> <tr> <td>Caprine</td> <td>_____</td> </tr> <tr> <td>Bovine</td> <td>_____</td> </tr> <tr> <td>Equine</td> <td>_____</td> </tr> <tr> <td>Canine</td> <td>_____</td> </tr> <tr> <td>Other _____</td> <td>_____</td> </tr> </tbody> </table> <p style="color: red; margin-top: 10px;">If re testing Borderline samples enter submission number from original report</p> <p>Submission # _____</p>	Species	Number of Samples	Ovine	_____	Caprine	_____	Bovine	_____	Equine	_____	Canine	_____	Other _____	_____	<ol style="list-style-type: none"> 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. _____ Pythium/Lagenidium/Paralagenidium Panel 10. _____ Chagas disease (Trypanosoma cruzi)
Species	Number of Samples														
Ovine	_____														
Caprine	_____														
Bovine	_____														
Equine	_____														
Canine	_____														
Other _____	_____														

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