

Lab Use Only	UNH No: _____
	Charge: _____

New Hampshire Veterinary Diagnostic Laboratory

University of New Hampshire
21 Botanical Lane
Durham, NH 03824
603-862-2726, fax 603-862-0179



www.nhvd.l.unh.edu

Farm/Producer Submission Form

(Veterinarians: Use general submission form)

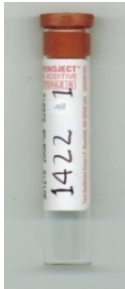
Submission date: _____ Submitter: _____ Farm: _____ Address: _____ City/Town: _____ State _____ Zip _____ Phone: _____	Remit payment to UNH and enclose with submission. Amount enclosed: \$ _____ Check No: _____ <input type="checkbox"/> Check box if you have an account with UNH. <hr/> Report test results by: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Fax _____ <input type="checkbox"/> Email _____
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Test requested: Only the following tests are available to direct to farmer

- | | |
|---|--|
| <input type="checkbox"/> Bovine BioPRYN® Pregnancy Test \$2.50 | <input type="checkbox"/> Fecal parasite exam (horse, cattle, sheep, goats, chickens) \$10.00 |
| <input type="checkbox"/> Ovine/Caprine BioPRYN® Pregnancy Test \$6.50 | <input type="checkbox"/> Fecal parasite exam & count (horse, cattle, sheep, goats) \$25.00 |
| <input type="checkbox"/> CAE/OPP (ELISA) \$7.50 | |

Specimen/Species:

Specimen(s) submitted: _____ No. of samples submitted: _____ Date collected: _____
 Dairy Beef Ovine Caprine Equine Porcine Avian Camelid Other _____



← **Tube #**

← **Animal ID**

Label blood tubes as illustrated

1cc or more of whole blood required.
Blood serum, blood clotted or blood serum separate tube are acceptable for these serological tests. Please ship fresh with frozen gel pack.

Fecal examinations

Approximately 10g of feces required. For best results collect fresh sample, keep refrigerated and submit in leak-proof container within 48 hrs.

Animal Submission Record Check (v) requested test(s)

Tube No.	Animal Name/ID	BioPRYN®	Days Bred	CAE	Fecal Parasite Exam	Fecal Parasite Exam & Count
1						
2						
3						
4						
5						
6						
7						
8						

Lab Use Only:

Opened by: _____ <input type="checkbox"/> USPS <input type="checkbox"/> Courier <input type="checkbox"/> Drop off Date _____	Condition: <input type="checkbox"/> Leaked <input type="checkbox"/> Damaged <input type="checkbox"/> Frozen <input type="checkbox"/> Cold	No. of samples received: <input type="checkbox"/> Serum/blood _____ <input type="checkbox"/> Feces _____	Lab notes: _____	Final report: <input type="checkbox"/> Mailed <input type="checkbox"/> Phoned <input type="checkbox"/> Faxed <input type="checkbox"/> Emailed
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Tube No.	Animal ID	BioPRYN	Days Bred	CAE	Fecal Parasite Exam	Fecal Parasite Exam & Count
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