

Lab Use Only	UNH No: _____
	Charges: _____

## New Hampshire Veterinary Diagnostic Laboratory

University of New Hampshire  
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 Durham, NH 03824  
 603-862-2726; fax: 603-862-0179



[www.nhvdل.unh.edu](http://www.nhvdل.unh.edu)

### Farm/Producer Submission Form

(Veterinarians: Use general submission form)

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

<input type="checkbox"/> Bovine BioPRYN® Pregnancy Test \$2.50	<input type="checkbox"/> Qualitative Fecal Parasite (horse, cattle, sheep, goats, chickens) \$10.00
<input type="checkbox"/> Ovine/Caprine BioPRYN® Pregnancy Test \$6.50	<input type="checkbox"/> Quantitative Fecal Parasite (horse, cattle, sheep, goats) \$25.00
<input type="checkbox"/> CAE/OPP (ELISA) \$7.50	

#### Specimen:

Specimen(s) submitted: \_\_\_\_\_ No. of samples submitted: \_\_\_\_\_ Date collected: \_\_\_\_\_

Species:  Bovine  Ovine  Caprine  Equine  Porcine  Camelidae  Other \_\_\_\_\_

#### Fecal examinations

*Approximately 10g of feces required*

For best results, collect fresh sample, keep refrigerated and submit in leak-proof container within 48 hrs.

#### Label Blood Tubes as Illustrated

*2cc or more of whole blood required*



← *Tube #*

← *Animal ID*

#### Multiple Animal Submissions --

Use reverse side for recording individual animals

ID/Name: \_\_\_\_\_

Age: \_\_\_\_\_  Days  Wks  Mos  Yrs      Sex:  M  F  MC  FS

Breed: \_\_\_\_\_

History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Lab Use Only:

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<b>Opened by:</b> _____ <input type="checkbox"/> USPS <input type="checkbox"/> Courier <input type="checkbox"/> Drop off Date _____	<b>Condition:</b> <input type="checkbox"/> Leaked <input type="checkbox"/> Damaged <input type="checkbox"/> Frozen <input type="checkbox"/> Cold	<b>Specimen, # received:</b> <input type="checkbox"/> Serum _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Blood _____ <input type="checkbox"/> Feces _____	<b>Final:</b> <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Faxed
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## Multiple Animal Submission Record

Tube #	Animal ID	Days Bred*	Tube #	Animal ID	Days Bred*
1			33		
2			34		
3			35		
4			36		
5			37		
6			38		
7			39		
8			40		
9			41		
10			42		
11			43		
12			44		
13			45		
14			46		
15			47		
16			48		
17			49		
18			50		
19			51		
20			52		
21			53		
22			54		
23			55		
24			56		
25			57		
26			58		
27			59		
28			60		
29			61		
30			62		
31			63		
32			64		

\*Required for pregnancy testing only