Colorado State University
Veterinary Diagnostic Lab
27847 Road 21
Rocky Ford, CO 81067
719-254-6382 / 719-254-6055 fax

Diagnostic Lab Acc. No._____

Date Received_____**Via Courier**_____

Person to bill: ( ) Veterinarian ( ) Owner **Results to:** ( ) Veterinarian ( ) Owner **By:** ( ) Fax ( ) Call ( ) Mail

Veterinarian: _____
Clinic:_____
Address:_____
City:_____ **State:** ____ **Zip:**_____
Telephone: ( )_____-_____
Fax: ( )_____-_____
Email:_____

Owner:_____
Address:_____
City:_____ **State:** ____ **Zip:**_____
Telephone: ( )_____-_____
Fax: ( )_____-_____
Email:_____

Circle desired test: ***T. foetus*** **Culture** ***T. foetus*** **PCR** ***T. foetus*** **pooled PCR**
BVDV pooled PCR **BVDV Antigen Capture ELISA** **PRRS pooled PCR** **PRRS Ind. PCR** **PRRS IFA**

Serology: **BLV BT EHD Lepto-5 IBR BVD BRSV PI-3 PrV M. paratuberculosis (Johne's) ELISA PRRS ELISA**

Is the owner registered in the BVD Control Program? YES NO
Is this a complete herd test for BVD persistent infections? YES NO Date of Collection: _____

Tube #	ID#.....	Sex	Age	Breed

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RFMultAccContRev20080118