

Goat / Sheep Sample Submission Form

WVS LAB

PO Box 569
95 S Harris Ave Ste 203
Waupun WI
53963
920-324-3831

Invoice/Report Sent to:

Name: _____
Company: _____
Address: _____

Phone: _____
Fax: _____
Email: _____

Label Tubes as Illustrated



◀ **Tube #**

◀ **Animal ID**
2cc or more of blood

Date Sent _____ Total # of Samples _____

Goat Breed _____ Sheep Breed _____

Payment Included \$ _____

Report by: Fax _____ Phone _____ Email _____ Mail _____

Test after the minimum Days Post Breeding (DPB)

<u>Species</u>	<u>When to Sample</u>	<u>Cost/Sample</u>
Goat and Sheep	30 DPB	\$ 6.50
CAE Elisa		\$ 5.00
Accession fee of \$10.00 for 20 Samples or less OF CAE		
Johnes		\$ 5.00
Need sex and age of animal for CAE and Johnes test		
Payment must be submitted with samples		

Tube #	Animal ID	AGE	SEX	BREED	BIOPRYN-DPB	CAE	JOHNES
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							

Tube #	Animal ID	AGE	SEX	BREED	BIOPRYN-DPB	CAE	JOHNES
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							