

# Bovine Virus Diarrhea (BVD)

## Sample Submission Form



**Shipping Address**  
 Waupun Veterinary Service  
 95 S Harris Ave Ste 203  
 PO Box 569  
 Waupun, WI 53963  
 PH 920-324-3831  
 Fax 920-324-7331  
 e-mail –bloodlab@waupunvet.com  
 website-www.waupunvet.com

Date \_\_\_\_\_

**Invoice/Report Sent to:**

**Owner:** \_\_\_\_\_  
**Company:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Veterinarian:** \_\_\_\_\_  
**Clinic:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

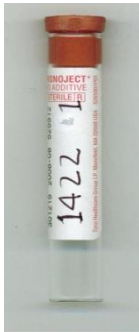
**Address:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Label Tubes as Illustrated**

◀ *Tube #*

◀ *Animal ID*

2cc or more of whole blood  
 1x1 cm ear notch



<p><b>BVD Elisa</b>                  Beef Breed _____ Dairy Breed _____                  Payment Included \$ _____ Bill to: Vet _____ Owner _____                  Report by: Fax _____ Phone _____ Email _____ Mail _____</p>
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Sample cost: \$5.25 per sample for 1-20  
 \$4.25 per sample for 21+

Date Sent \_\_\_\_\_ Total # of Samples \_\_\_\_\_

Tube #	Animal ID		Tube #	Animal ID	
1			21		
2			22		
3			23		
4			24		
5			25		
6			26		
7			27		
8			28		
9			29		
10			30		
11			31		
12			32		
13			33		
14			34		
15			35		
16			36		
17			37		
18			38		
19			39		
20			40		

<b>Tube #</b>	<b>Animal ID</b>	<b>Days Bred</b>		<b>Tube #</b>	<b>Animal ID</b>	<b>Days Bred</b>
41				79		
42				80		
43				81		
44				82		
45				83		
46				84		
47				85		
48				86		
49				87		
50				88		
51				89		
52				90		
53				91		
54				92		
55				93		
56				94		
57				95		
58				96		
59				97		
60				98		
61				99		
62				100		
63				101		
64				102		
65				103		
66				104		
67				105		
68				106		
69				107		
70				108		
71				109		
72				110		
73				111		
74				112		
75				113		
76				114		
77				115		
78				116		