

Neospora Caninum Antibody 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: _____

Address: _____
 Email: _____
 Phone: _____

Veterinarian: _____
 Clinic: _____
 Address: _____

Address: _____
 Email: _____
 Phone: _____

Label Tubes as Illustrated

◀ **Tube #**

◀ **Animal ID**

2cc or more of whole blood

Neospora Elisa

Beef Breed _____ Dairy Breed _____

Payment Included \$ _____ Bill to: Vet _____ Owner _____

Report by: Fax _____ Phone _____ Email _____ Mail _____

Sample cost: \$6.50 per sample

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		

Tube #	Animal ID	Days Bred		Tube #	Animal ID	Days Bred
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		