

For Lab Use Only

UNH No: _____

Charges: _____



University of New Hampshire

NH Veterinary Diagnostic Laboratory

21 Botanical Lane Durham, NH 03824

PH (603) 862-2726 F (603) 862-0179 www.nhvdL.unh.edu

FARM/PRODUCER SUBMISSION FORM

Farm Name: _____

Owner Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Submission Date: _____

Please remit payment to UNH and enclose with submission.

Amount enclosed: \$ _____ Check No: _____

☐ Check box if you have an account with UNHResults **EMAILED** unless otherwise indicated: ☐ Mail ☐ Fax ☐ Email PROVIDE EMAIL IF NOT ON FILE: _____
Test requested (check all that apply) Only the following tests are available direct to farmer

- ☐ BOVINE BioPRYN® Pregnancy Test \$2.50 ea
- ☐ OVINE/CAPRINE BioPRYN® Pregnancy Test \$6.50 ea
- ☐ CAE/OPP (ELISA) \$8.00 ea
- ☐ QUALITATIVE Fecal Parasite Exam (horses, cattle, sheep, goats, chickens) \$12.00 ea
- ☐ QUANTITATIVE Fecal Parasite Exam (horses, cattle, sheep, goats, chickens) \$25.00 ea

Specimen / Species

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

☐ Dairy ☐ Beef ☐ Ovine ☐ Caprine ☐ Equine ☐ Porcine ☐ Avian ☐ Camelid ☐ Other _____

Tube #
Animal ID
Label blood tubes as illustrated

1cc or more of whole blood required.
Blood serum, blood clotted or blood serum
separate tube are acceptable for these
serological tests. Please ship fresh with
frozen gel pack.

Fecal examinations

Approximately 10g of feces required. For best
results collect fresh sample, keep refrigerated
and submit in leak-proof container within 48
hrs.

Animal Submission Record Check (v) requested test(s)

Tube No.	Animal Name/ID	BioPRYN®	Days Bred	CAE	Fecal Parasite Exam	Fecal Parasite Exam & Count
1						
2						
3						
4						
5						

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Opened by: _____

 USPS ☐ Courier ☐ Drop off ☐

Date: _____

Condition:

☐ Leaked ☐ Frozen
☐ Damaged ☐ Cold Pack

No. of samples received: _____

Lab Notes: _____

Final Report:

 Final: ☐ Faxed
☐ Emailed
☐ Mailed

Samples submitted to the NHVDL become the property of the lab and may be used for teaching, ancillary testing, and research. Test results will be reported to appropriate state or federal agencies as required by law. The submitting veterinarian is responsible for the requested tests and communicating results with the owner.

Tube No.	Animal Name/ID	BioPRYN®	Days Bred	CAE	Fecal Parasite Exam	Fecal Parasite Exam & Count
6						
7						
8						
9						
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12						
13						
14						
15						
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