

For Lab Use Only
 UNH No: _____
 Charges: _____



University of New Hampshire
NH Veterinary Diagnostic Laboratory
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 P: (603) 862-2726 F: (603) 862-0179 E: nh.vdl@unh.edu
 www.nhvdl.unh.edu

FARM/PRODUCER SUBMISSION FORM

Farm Name: _____ Owner Name: _____ Address: _____ City/Town: _____ State: _____ Zip: _____ Phone: (____) _____ Fax: (____) _____ Results EMAILED unless otherwise indicated: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email PROVIDE EMAIL IF NOT ON FILE: _____	Submission Date: _____ Please remit payment to UNH and enclose with submission. Amount enclosed: \$ _____ Check No: _____ Check box if you have an account with UNH <input type="checkbox"/>
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Test requested (check all that apply) Only the following tests are available direct to farmer

SEROLOGY BOVINE BioPRYN® Pregnancy Test \$3.00 ea OVINE/CAPRINE BioPRYN® Pregnancy Test \$6.50 ea CAE/OPP (ELISA) \$8.00 ea	PARASITOLOGY - choose one QUALITATIVE Fecal Parasite Exam (horses, cattle, sheep, goats, chickens) \$12.00 ea QUANTITATIVE Fecal Parasite Exam and Count (horses, cattle, sheep, goats, chickens) \$25.00 ea
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Specimen / Species

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

Dairy Beef Ovine Caprine Equine Porcine Avian Camelid Other _____



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.

← **Tube #**
 ← **Animal ID**

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 <input type="checkbox"/> Courier <input type="checkbox"/> Drop off <input type="checkbox"/> Date _____	Condition: <input type="checkbox"/> Leaked <input type="checkbox"/> Frozen <input type="checkbox"/> Damaged <input type="checkbox"/> Cold Pack	No. of samples received: _____	Lab Notes: _____	Final Report: Final: <input type="checkbox"/> Faxed <input type="checkbox"/> Emailed <input type="checkbox"/> Mailed
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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
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7						
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