Colorado Dept. of Agriculture Division of Animal Industry
Rocky Mountain Regional Animal Health Laboratory
2331 West 31st Avenue, Denver, CO 80211
ph 303.477.0049 fx 303.458.7857

SAMPLE SUBMISSION FORM

RMRAHL ACCESSION NO. _____

NO. OF SAMPLES _____

SPECIES ☐ Bovine ☐ Camelid ☐ Canine ☐ Caprine ☐ Ovine ☐ Porcine ☐ Other _____

REASON FOR TEST ☐ Initial ☐ Diagnostic ☐ Private Sale ☐ Herd Certification ☐ Export if Export, where? _____

SEND RESULTS BY ☐ Fax ☐ Email _____

Owner Information

OWNER COUNTY

PHYSICAL ADDRESS

CITY STATE ZIP

Veterinarian's Information

VET'S LAST NAME LIC. NO.

MAILING ADDRESS

CITY STATE ZIP

PHONE FAX

I HEREBY CERTIFY THAT THIS IS A CORRECT RECORD OF SAMPLES COLLECTED BY ME:

SIGNATURE: (ACCREDITED VETERINARIAN) **DATE SAMPLED:**

Check Disease, Circle Test(s) Requested
Please Check Sample Type at Bottom

☐ **Anaplasmosis:** cELISA

☐ **Bovine Leukosis**: ELISA / AGID

☐ **Bovine Viral Diarrhea:** acELISA

☐ **Brucellosis:** *B. abortus / B. canis / B. ovis / B. melitensis*
(FOR OFFICIAL B. ABORTUS TEST USE VS FORM 4-33)

☐ **Bluetongue:** cELISA / AGID

☐ **CAE/OPP:** cELISA

☐ **Johne's Disease:** ELISA / Fecal PCR / Liquid Culture

☐ **Pseudorabies:** ELISA

☐ **Scrapie Genotyping:** codon 171 / codon 136
(FOR OFFICIAL NSEP TEST USE VS FORM 5-29)

☐ ***Trichomonas foetus:*** Culture / PCR / Pooled PCR

☐ **Other** _____

Sample Type: ☐ Blood ☐ Feces ☐ Ear Notch ☐ InPouch ☐ Other _____

FOR LAB USE ONLY- DO NOT WRITE IN AREA BELOW

NAME OF LABORATORY: ***RMRAHL DENVER CO*** ***DATE READ:***

BY:

Sample No.	IDENTIFICATION (Brand, Ear tag Number, Color, Etc.)	AGE	BREED	SEX	*Tested For*	*Tested For*	*Tested For*	*Tested For*	*Tested For*
1									
2									
3									
4									
5									
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