COLORADO
Department of Agriculture
Animal Health Division

Rocky Mountain Regional Animal Health Laboratory
2331 West 31st Avenue, Denver, CO 80211
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SAMPLE SUBMISSION FORM

RMRAHL ACCESSION NO. _____

NO. OF SAMPLES _____

PURPOSE OF TEST ☐ Initial ☐ Diagnostic ☐ Grazing Association
☐ Change of Ownership ☐ Private Sale ☐ Herd Certification
☐ Export, where? _____ ☐ Other _____

SEND RESULTS BY ☐ Fax ☐ Email _____

OWNER _____ COUNTY _____

PHYSICAL ADDRESS _____

CITY _____ STATE _____ ZIP _____

VET'S LAST NAME _____ COUNTY _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

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

DATE SAMPLED: _____

Anaplasmosis: ☐ ELISA

Blue Tongue: ☐ ELISA ☐ AGID

Bovine Leukosis: ☐ ELISA ☐ AGID

Bovine Viral Diarrhea (PI) : ☐ ELISA

Brucellosis: ☐ B. abortus* ☐ B. melitensis*
☐ B. suis* ☐ B. canis ☐ B. ovis

* For official test results, submit a VS 4-33 with official ID

Johne's Disease: ☐ ELISA ☐ Fecal PCR

Pseudorabies: ☐ ELISA

Scrapie Genotyping: ☐ Codon 171**

** For official test results, submit a VS 5-29 with flock ID

SRLV (formerly CAE/OPP): ☐ ELISA

Tritrichomonas foetus: ☐ PCR ☐ Pooled PCR

Other _____

Sample No.	Identification, Please enter Official ID and any other ID	Species/Breed	Age	Sex
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