



**Ship to: R&D Lab**  
**1801 Biotech Avenue NE**  
**Willmar, MN 56201**  
**Phone: (320) 222-9822**  
**Fax: (320) 222-9821**

**Sample Submission Form**

**Company Name** \_\_\_\_\_  
**Owner** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City/State/Zip** \_\_\_\_\_  
**Phone** \_\_\_\_\_  
**Email** \_\_\_\_\_

**Referring Veterinarian** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City/State/Zip** \_\_\_\_\_  
**Phone** \_\_\_\_\_  
**Email** \_\_\_\_\_

**Individual Bird Testing**

**Salmonella – E. coli – Pasteurella – Gallibacterium – Avibacterium – Other**

Sample Date	Sample ID	Barn/House Name and/or Number (Street address, City, State)	Organ System sample recovered	Organism to Isolate Additional comments

(Attach Additional Sheets if Needed)

