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PLEASE FILL OUT FORM COMPLETELY



Date Samples (REQUEST				
•	Collected				Produ	cer				
DVM					Site/P	asture				
Clinic						ddress				
Address					City, S	tate, Zip				
City, State, Zip					Phone	·				
Phone Fax			х			es	Breed			
DVM Email					Age		We	eight		
Clinic Email					Herd S	Size	# A	Affected		
Specimens	*Newport Labs	cannot accept sa	amples from rabies	suspects	or from	premises known t	o be infected with a	aBrucellosis, 1	ΓWE, TB or Q F	ever*
Brain	Colon	Feces	Heart	Intest	tine	Kidney	Liver	Lung	Lymph	Node
Milk	Spleen	Trachea	Other	г						
Swab	Swab origin:					ate/Slant	Origin:			
					*only co	mplete for isolate	Date of Isola	ition:		
History, Clinica	al Signs & Gro	oss Legions	(check one)	Pir	nkeye	Pneumonia	Diarrhea	Sudde	en Death	CNS
Please provide o										
			nples pooled fo	ve testi	ing to d	_	to reduce cost of Diagnostician			d
	spiratory		heck here to lea	ve testi	-	_	Diagnostician	Oth	ner	
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Courier:

Technician:

Date Rec'd:

Case #: