

Advanced Dairy Diagnostics & Consulting, LLC
362 310th Avenue
Frederic, WI 54837
(715) 653-2201 • (715) 653-4301 FAX

BVD PI Test Submission Form

(Skin sample should be a minimum of ¼ inch on all edges, blood sample must contain at least 2cc blood in red top tube. **REFRIGERATE PRIOR TO, AND DURING SHIPMENT-CALL FOR SPECIAL INSTRUCTIONS ON SAMPLES THAT CAN NOT REACH THE LAB WITHIN 48 HOURS OF COLLECTION.**)

Source Farm: _____ Address: _____

Date sampled: ___/___/___ Report to: E-mail _____
 Date shipped: ___/___/___ Fax _____
 Phone _____

Total # of Samples _____ @ \$ 6.25 = \$ _____ testing fee

Please make checks out to ADDC

Supplies: 5 cc blood tubes (100) @ \$ 26.00 = \$ _____
 3cc blood tubes (100) @ \$ 26.00 = \$ _____
 Bleeding needles (100) @ \$ 20.00 = \$ _____
 Vacutainer sheath (1) @ \$ 1.50 = \$ _____
 Shipping & Handling @ \$ 10.00 = \$ _____
 Accession Fee = \$ 10.00
 Total Enclosed \$ _____

Please make checks out to: **ADDC**

(Clearly number each tube/vial sequentially PLUS animal ID)

| Tube # | Animal #/ID | Tube # | Animal #/ID |
|---------------|--------------------|---------------|--------------------|
| 1 | _____ | 21 | _____ |
| 2 | _____ | 22 | _____ |
| 3 | _____ | 23 | _____ |
| 4 | _____ | 24 | _____ |
| 5 | _____ | 25 | _____ |
| 6 | _____ | 26 | _____ |
| 7 | _____ | 27 | _____ |
| 8 | _____ | 28 | _____ |
| 9 | _____ | 29 | _____ |
| 10 | _____ | 30 | _____ |
| 11 | _____ | 31 | _____ |
| 12 | _____ | 32 | _____ |
| 13 | _____ | 33 | _____ |
| 14 | _____ | 34 | _____ |
| 15 | _____ | 35 | _____ |
| 16 | _____ | 36 | _____ |
| 17 | _____ | 37 | _____ |
| 18 | _____ | 38 | _____ |
| 19 | _____ | 39 | _____ |
| 20 | _____ | 40 | _____ |