

**Advanced Dairy Diagnostics & Consulting, LLC**  
**362 310<sup>th</sup> 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 = \$ \_\_\_\_\_

Total Enclosed \$ \_\_\_\_\_

Please make checks out to: **ADDC**

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

<b>Tube #</b>	<b>Animal #/ID</b>	<b>Tube #</b>	<b>Animal #/ID</b>
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	_____