



# Frederick Animal Health Laboratory

## SERVICES REQUEST FORM

<b>ID:</b> 3662	<b>Revision:</b> 2	<b>Effective Date:</b> 05/08/2024	<b>Issuing Authority:</b> Dr. Erin K. Morris	<b>Page</b> 1 of 2
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**Payment (Circle One):** Credit Card    Cash    Check (# \_\_\_\_\_ )    Bill Vet    **Amount: \$** \_\_\_\_\_

DATE and TIME: \_\_\_\_\_

ACCESSION #: \_\_\_\_\_

**PREMISE ADDRESS (required):** \_\_\_\_\_

Street #                      Street                      City                      State                      Zip

<b>Owner</b> _____ Mailing Address _____ City _____ State _____ Zip _____ Email _____ Phone (____) _____ Fax (____) _____	<b>Vet/Clinic</b> _____ Address _____ City _____ State _____ Zip _____ Email _____ Phone (____) _____ Fax (____) _____
Report Distribution: <input type="checkbox"/> E-Mail <input type="checkbox"/> Fax <input type="checkbox"/> US Mail <input type="checkbox"/> No Report	Report Distribution: <input type="checkbox"/> E-Mail <input type="checkbox"/> Fax <input type="checkbox"/> US Mail <input type="checkbox"/> No Report

<b>Animal Information</b> ( <i>one species per submission form</i> ) <input type="checkbox"/> Bovine <input type="checkbox"/> Caprine <input type="checkbox"/> Equine <input type="checkbox"/> Ovine <input type="checkbox"/> Porcine Avian: <input type="checkbox"/> Chicken <input type="checkbox"/> Turkey <input type="checkbox"/> Duck <input type="checkbox"/> Other: _____ <b>Breed:</b> _____	<b>Sample Information</b> <input type="checkbox"/> Frozen Date Collected: _____ <input type="checkbox"/> Refrigerated <input type="checkbox"/> Serum <input type="checkbox"/> EDTA Whole blood <input type="checkbox"/> EDTA Plasma <input type="checkbox"/> Feces <input type="checkbox"/> Milk <input type="checkbox"/> Swab: _____ <input type="checkbox"/> Other: _____
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	Name/ID	Age	Sex		Name/ID	Age	Sex
1				7			
2				8			
3				9			
4				10			
5				11			
6				12			

**History:** (*continue on back*)

**Tests Requested:**

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# Frederick Animal Health Laboratory

## SERVICES REQUEST FORM

**ID:**  
3662

**Revision:**  
2

**Effective Date:**  
05/08/2024

**Issuing Authority:**  
Dr. Erin K. Morris

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### SERVICES REQUEST FORM (CONTINUATION PAGE)

ACCESSION #: \_\_\_\_\_

	Name/ID	Age	Sex		Name/ID	Age	Sex
13				38			
14				39			
15				40			
16				41			
17				42			
18				43			
19				44			
20				45			
21				46			
22				47			
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32				57			
33				58			
34				59			
35				60			
36				61			
37				62			