

ODA ANIMAL HEALTH LAB MULTIPLE SAMPLE SUBMISSION FORM

Veterinarian: _____ **Phone:** _____ **Fax:** _____

Owner (Code #): _____ **Address:** _____

Date Drawn: _____ **Test(s) requested:** _____

Confidentiality of all information related to these tests is requested **Yes** **No**

Veterinarian's Signature _____

TUBE #	ANIMAL ID	TUBE #	ANIMAL ID	TUBE #	ANIMAL ID
1		35		69	
2		36		70	
3		37		71	
4		38		72	
5		39		73	
6		40		74	
7		41		75	
8		42		76	
9		43		77	
10		44		78	
11		45		79	
12		46		80	
13		47		81	
14		48		82	
15		49		83	
16		50		84	
17		51		85	
18		52		86	
19		53		87	
20		54		88	
21		55		89	
22		56		90	
23		57		91	
24		58		92	
25		59		93	
26		60		94	
27		61		95	
28		62		96	
29		63		97	
30		64		98	
31		65		99	
32		66		00	
33		67		Start new page	
34		68			

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TUBE #	ANIMAL ID	TUBE #	ANIMAL ID	TUBE #	ANIMAL ID
101		135		169	
102		136		170	
103		137		171	
104		138		172	
105		139		173	
106		140		174	
107		141		175	
108		142		176	
109		143		177	
110		144		178	
111		145		179	
112		146		180	
113		147		181	
114		148		182	
115		149		183	
116		150		184	
117		151		185	
118		152		186	
119		153		187	
120		154		188	
121		155		189	
122		156		190	
123		157		191	
124		158		192	
125		159		193	
126		160		194	
127		161		195	
128		162		196	
129		163		197	
130		164		198	
131		165		199	
132		166		200	
133		167		Start new page	
134		168			