

# Client Information Submission Form

Farm Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Mobile Phone: (     ) \_\_\_\_\_  
 Armor Rep: \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_  
 Clinic Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mobile Phone: (     ) \_\_\_\_\_  
 Armor Rep: \_\_\_\_\_

Operation Type: (check one)      Dairy    Heifer Grower    Cow-calf    Grower/Feedlot  
 Seedstock    Calf Ranch

## Sample Submission Information

### Type of Sample(s) Submitted:

Blood    Milk      Ear Notch  
 Commingled Samples (only for Bulk Tests)

### Test(s) Information:

Test Requested (check all that apply)	Test Type	Required Sample to Run Test			# of Samples <i>See back for data entry.</i>
		Blood	Milk	Ear Notch	
<input type="checkbox"/>	Bovine Leukosis Virus (BLV) Individual	X	X		
<input type="checkbox"/>	Bovine Leukosis Virus (BLV) Bulk		X		
<input type="checkbox"/>	Bovine Viral Diarrhea (BVD) Individual	X	X	X	
<input type="checkbox"/>	Bovine Viral Diarrhea (BVD) Bulk		X		
<input type="checkbox"/>	Johne's Individual Test	X	X		
<input type="checkbox"/>	Johne's Bulk		X		
<input type="checkbox"/>	EasyPreg		X		
<input type="checkbox"/>	Early Preg28	X			
<input type="checkbox"/>	Mastitis Profiling Big 16		X		
<input type="checkbox"/>	Mastitis Profiling Contagious 3		X		
<input type="checkbox"/>	Neospora	X			

**Results** will be emailed or faxed to you the next business day after samples are received.

Send Results: (check all that apply)

Client:      Your Office Fax #: (     ) \_\_\_\_\_  
 Your E-mail Address: \_\_\_\_\_  
 Veterinarian:      Veterinarian E-mail Address: \_\_\_\_\_  
 Veterinarian Fax #: (     ) \_\_\_\_\_  
 Armor:      Email [labreports@armorah.com](mailto:labreports@armorah.com)

### Invoice to:

(Circle one)

Operation

Veterinarian

### Packaging/Shipping of Samples

- Complete submission form and Sample Submission log on back.
- Place clean samples in biohazard ziplock bag or plastic bag.
- Place ice packs on ALL ear notch and blood samples. Milk with preservation tablet does NOT require ice while in transit.
- Wrap samples and ice pack (if applicable) in bubble wrap, or insulated pouch. Secure well to avoid broken vials.
- Construct box, size dependent on amount of samples being shipped.
- Put wrapped samples in box. Do not over fill.
- Include submission form in box.
- Seal box.
- Put box in outgoing mail with the United States Postal Service.

**\*\*To assure quality samples arrive at the lab only send samples on Monday or Tuesday.\*\***

### Ship to:

Armor Animal Health  
 6040 North Cutter Circle, Ste. 317  
 Portland, OR 97217



**ARMOR**  
 ANIMAL HEALTH  
 For questions, please call  
 503.972.3041  
[armoranimalhealth.com](http://armoranimalhealth.com)

