



4375 Beaudry, Saint-Hyacinthe QC J2S 8W2
T. 450 771-7291 • F. 450 771-4158

BOVINE – HERD
1-888-8BIOVET
sac@biovet-inc.com

- Every forms are available on our Website: Bovine – Milk Analysis – Cytology & Histopathology.
- Please ask for any special tests that are not listed on this form
- Our technical service team is available for consultation.

Submissionner Customer # :

Clinic: _____
 Veterinarian: _____
 Phone: _____
 Email: _____

Owner

Please write in block letters

Name: _____ Farm: _____
 City, province: _____
 Would you like us to transmit the result to a third party? If so, to whom? Name: _____
 Email: _____
 Species/Breed: _____

Samples

Sampling date: _____
 Number of samples: _____
 Sample type: Serum Milk Feces Other (specify): _____

Test(s) requested

BVDV Ag-ELISA* Ab-ELISA qPCR **IBR** Ab-cELISA (competitive) Ab-ELISA Indirect
Bovine Leukosis Ab-ELISA **Neospora caninum** Ab-ELISA **Johne's** Ab-ELISA qPCR
Salmonella Dublin Ab ELISA individual serum pool of 5 serums individual Milk Bulk Milk
 * The animal must be 3 months and older for this test.
 Other (specify): _____

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# Tube	Animal identification / ear tag	Age	Sex	Breed
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