AgriDiagnostics Ireland Ltd.,
Dunrine, Killarney, Co. Kerry
Tel: +353 (0)646633922
Email: info@agridiagnostics.ie

SOP Ref. No: SIP 033-01
Issue Date: 14/06/17
Rev: 0

SAMPLE SUBMISSION FORM

CUSTOMER NAME:	**REASON FOR TESTING:**		INVOICE TO: (if different to report)
ADDRESS:			PROPOSAL/ORDER NUMBER:
			EMAIL REPORT TO:
MOBILE:	Analysis Turnaround Time:	**Vet Details:**	
HERD NUMBER:	Standard (5 working days)	**Name:**	**SUBCONTRACTING NOTIFICATION** - I agree to have the required analysis subcontracted to an external laboratory - SIGNED:
DATE SAMPLED:	Fast track# (Less than 5 working days)	**Phone:**	
NUMBER OF SAMPLES:	#A surcharge may apply for fast track turnaround	**Email:**	Verbal Authorisation received for subcontracting - Sign/Date:

SAMPLE MATRIX: **B -** Blood, **M** - Milk, **BM** - Bulk Milk,

For Office Use Only

DATE RECEIVED:		**Payment Information:**
CONDITION OF SAMPLE:	WORK NUMBER	☐ **Cash** ☐ **Cheque** ☐ **Visa/Laser Card** **Amount: €**

Animal ID	**Sample Matrix** (indicate using list abovoe)	**Blood tube code**	**DOB**	**Office Use: Sample ID No**	**ANALYSIS REQUIRED** Please complete fields below clearly indicating required suites of analysis.									
					Johnes Ab	**BVD p80 Ab**	**IBR gB (non-Vaccinated)**	**IBR gE (Vaccinated)**	**Leptospirosis Ab**	**Neospora Ab**	**Ostertagia Ab**	**Salmonella Ab**	**Other Requests (specify below)**	**Comments**

CUSTOMER SIGNATURE:

I certify that the above information is correct and I have read & accept the terms and conditions **(see attached)**

RECIEVED BY:

REQUEST REVIEWED BY: