



Submission Form

Circle H Laboratory

PO Box 1150 3216 US Hwy 54
Dalhart TX 79022-1150

Office: (806) 244-7851 Fax: (806) 244-7852
Email: laboratory@circleh.info

Client Name _____					Report Results		internal use:	
Contact Person _____			Phone _____		email _____		accession #	
Date Submitted _____			Date /Time Collected _____		fax _____		date received	
Number of Samples _____					call _____		received by	
Type of Sample	<input type="checkbox"/> blood	<i>blood swab</i>	<i>serum</i>	<i>whole blood</i>	<i>other: _____</i>		condition	
	<input type="checkbox"/> environmental	<i>bedding</i>	<i>sponges</i>	<i>swabs</i>	<i>towels</i>	<i>other: _____</i>		time
	<input type="checkbox"/> food	<i>cheese</i>	<i>juice</i>	<i>meat</i>	<i>swabs</i>	<i>whey</i>	<i>other: _____</i>	temp
	<input type="checkbox"/> milk	<i>bulk tank</i>	<i>individual cow</i>	<i>string sample</i>	<i>troubleshooting</i>		<i>other: _____</i>	
	<input type="checkbox"/> semen	<i>extended semen</i>	<i>raw semen</i>					
	<input type="checkbox"/> tissue	<i>earnotch</i>	<i>feces</i>	<i>tissues: _____</i>				
	<input type="checkbox"/> water	<i>drinking</i>	<i>discharge</i>	<i>glycol</i>	<i>polished</i>	<i>other: _____</i>		
	<input type="checkbox"/> other	<i>oral fluids</i>	<i>other: _____</i>					
Test(s) Requested:	<input type="checkbox"/> culture	<i>bulk tank w/ Myco w/out Myco (circle one)</i>	<i>full culture w/ Myco w/out myco (circle one)</i>	<i>Mycoplasma only</i>	<i>Staph only</i>			
	<input type="checkbox"/> component test	<i>fat B</i>	<i>lactose</i>	<i>MUN</i>	<i>SCC</i>	<i>total solids</i>	<i>true protein</i>	
	<input type="checkbox"/> pathogen testing	<i>coliforms</i>	<i>E. coli O157:H7</i>	<i>Listeria species</i>	<i>Salmonella species</i>	<i>Staph aureus</i>		
	<input type="checkbox"/> plate count	<i>coli</i>	<i>LPC</i>	<i>PI raw or pasteurized (circle one)</i>		<i>SPC</i>	<i>sperm count</i>	<i>yeast/mold</i>
	<input type="checkbox"/> PCR	<i>Mycoplasma bovis</i>	<i>Listeria species</i>	<i>PRRSV</i>	<i>Salmonella species</i>	<i>SIV</i>		
	<input type="checkbox"/> serology	<i>bioPRYN</i>	<i>BVD Ag ELISA (fill out bottom line)</i>		<i>Johnes milk/serum ELISA</i>		<i>PRRSV ELISA</i>	
	<input type="checkbox"/> other	<i>afatoxin</i>	<i>antibiotic screen</i>	<i>freezing point</i>	<i>glycol</i>			
		<i>packed cell volume</i>	<i>phosphatase</i>	<i>sediment</i>	<i>serum protein</i>	<i>other: _____</i>		
	BVD information	<i>Pen: _____</i>	<i>Lot: _____</i>	<i>No's: _____</i>	<i>to _____</i>	<i>Feeder test: sale or started (circle one)</i>		
		<i>Tag Color: _____</i>	<i>Wt: _____</i>	<i>Age: < 30 days more than 30 days (circle one)</i>		<i>Cow herd test: cows/bulls calves (circle one)</i>		