



Circle H Laboratory

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Submission Form

Client Name _____

Contact Person _____ Phone _____

Date Submitted _____ Date Collected _____

Number of Samples _____

Sample Identification _____

Type of Sample

blood *serum* *whole blood*

environmental *bedding* *sponges* *swabs* *towels* *other: _____*

food *cheese* *meat* *juice* *swabs* *whey* *other: _____*

milk *bulk tank* *individual cow* *string sample* *troubleshooting* *other: _____*

semen *extended semen* *raw semen*

water *drinking* *discharge* *glycol*

other _____

Type of Order one-time standing

Test(s) Requested:

culture *full culture* *Staph only* *Staph & Strep* *Mycoplasma* *bulk tank* *sensitivity*

component test *true protein* *SCC* *lactose* *MUN* *total solids* *fat A or B(DHIA or payment)*

pathogen testing *E. coli* *coliforms* *Listeria* *Staph* *Salmonella* *yeast/mold* *O157:H7*

plate count *SPC* *LPC* *PI* *coli* *sperm count*

other *serum protein* *sediment* *packed cell volume* *aflatoxin* *Johnes milk/serum ELISA* *PRRSV ELISA*
freezing point *glycol* *antibiotic screen* *phosphatase* *BVD serum or earmatch* *bioPRYN* *other: _____*

internal use:
accession #
date received
received by
condition
time
temp

comments: _____