



# MVDL SUPPLY ORDER FORM

**MONTANA VETERINARY DIAGNOSTIC LABORATORY**  
DIVISION OF THE DEPARTMENT OF LIVESTOCK – STATE OF MONTANA  
1911 WEST LINCOLN, BOZEMAN, MT 59718  
P.O. BOX 997, BOZEMAN, MT 59771

Phone 406-994-4885  
Fax 406-994-6344  
WEB [www.liv.mt.gov/lab](http://www.liv.mt.gov/lab)  
Email [livdiagnosticlab@mt.gov](mailto:livdiagnosticlab@mt.gov)

| ITEM   | COST      | QUANTITY REQUESTED |
|--|-----------|--------------------|
| The following are one-time-use items and shipping fees are assessed at time of order |           |                    |
| Abortion Kit   | No charge | _____              |
| Neonatal Diarrhea (Scours) Kit   | No charge | _____              |
| Necropsy Kit   | No charge | _____              |
| Biopsy Kit   | No charge | _____              |
| Blood Tube / Slide Shipper   | No charge | Small _____        |
|  | No charge | Medium _____       |
|  | No charge | Large _____        |

The following items are returned to the submitter and shipping fees are assessed at time of order

|                      |           |       |
|----------------------|-----------|-------|
| 40-Tube blood mailer | No charge | _____ |
|----------------------|-----------|-------|

The following submission forms may be ordered from the Montana Veterinary Diagnostic Lab or downloaded from our WEB site: <http://www.liv.mt.gov/lab/forms.mcp>

|                                    |           |       |
|------------------------------------|-----------|-------|
| SV 43 General                      | No charge | _____ |
| SV 2A Livestock Serology           | No charge | _____ |
| SV 2B Livestock Serology continued | No charge | _____ |

The following submission forms may be ordered from the Montana Department of Livestock Animal Health Office at: 406-444-2043

|              |  |  |
|--------------|--|--|
| VS 10-11 EIA |  |  |
|--------------|--|--|

Ship to: Veterinarian's Name: \_\_\_\_\_  
Clinic Name: \_\_\_\_\_  
Billing Account Number (required): \_\_\_\_\_  
Shipping Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

**PLEASE PRINT AND FAX, EMAIL OR SEND TO MVDL**

|                                     |                                    |  |
|-------------------------------------|------------------------------------|--|
| <b>DATE RECEIVED/<br/>INITIALS:</b> | <b>DATE SHIPPED/<br/>INITIALS:</b> | <b>TOTAL SHIPPING<br/>FEE/ INITIALS:</b> |
|-------------------------------------|------------------------------------|--|

