

Species: _____
 County: _____

MONTANA VETERINARY DIAGNOSTIC LABORATORY

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Email: livdiagnosticlab@mt.gov

Date Bled: _____
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**SEROLOGY REPORT (SV2A) - Complete Light Shaded Areas Only
 SEE REVERSE SIDE FOR KEY**

OWNER: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
REASON FOR TEST - MANDATORY INFORMATION (See Key)

SUBMITTER'S SIGNATURE: _____
SUBMITTER'S NAME (PRINT): _____
ADDRESS: _____
CITY/STATE/ZIP: _____
RESULT REPORTING OPTIONS: PHONE / FAX / EMAIL
NUMBER OR EMAIL ADDRESS: _____

CIRCLE DISEASE TEST REQUIRED: If needed, indicate specific test and/or dilution. Example on back.

Tube NO.	IDENTIFICATION	AGE	SEX	BREED	OFFICIAL VAC.	BRU	BT	ANA	EHD	PTB	IBR	BVD	BLV	LEPTOSPIROSIS 8 - SEROVARS	OTHER

Laboratory Comments: Samples _____
 Seropositive _____
 Suspect _____
 Seronegative _____
 Undertermined _____
 Tested By _____

FEE: _____ DATE RECEIVED: _____ CASE # _____

The MVDL is an accredited AAVLD laboratory and a member of the USDA National Animal Health Laboratory Network. Completing and submitting any submission form or any other means of requesting services creates a contractual agreement for services requested and the specimens submitted become the property of the MVDL. In addition, at no additional expense to our clients, specimens submitted to the MVDL may be subjected to additional testing upon the order of the state or federal animal health officials, or whenever a Foreign Animal Disease is suspected, or in support of surveillance for other animal disease. Serology SV-2A (Rev. 11/09)