Species: _____
County: _____

MONTANA VETERINARY DIAGNOSTIC LABORATORY

Box 997 - Bozeman, MT 59771
Phone (406) 994 - 4885 Fax (406) 994 - 6344
Email: livdiagnosticlab@mt.gov

Date Bled: _____
Page _____ of _____

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
					Samples										
					Seropositive										
					Suspect										
					Seronegative										
					Undertermined										
					Tested By										

Laboratory Comments:

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.