



Sample Submission Form

Antel BioSystems, Inc.
 4200 Forest Road Bldg A, Lansing, MI 48910
 Toll Free: 800.631.3510

Ph: 517.351.3180 Fax: 517.351.5610 www.antelbio.com

(Complete below and submit with samples)

Page 1 of _____

Submitter's Name: _____
 Clinic Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____ Fax: _____
 Email: _____
 Signature: _____

Owner's Name: _____
 Farm Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____ Fax: _____
 Email: _____
 Herdcode: _____

Collect Date _____ Ship Date _____

Bill to: Clinic Owner Other: _____

Report Results via Web Reports to: Clinic Owner

Access your Web Reports at: antelbio.slashwebstudios.com

Report Results to: Clinic Owner via: _____

Additional Information, Special Instructions, Comments:

Test/Sample Type (circle type below):

Quantity: _____

- Johne's Antibody ELISA (serum, milk)
- Mpara-teQ (Johne's PCR) (bulk tank, fecal)
- Leukosis Antibody ELISA (serum, milk)
- BVD Antigen ELISA (serum, milk, earnotch)
- BVD PCR (bulk tank, pooled earnotch)
- Progesterone ELISA (serum, milk)
- Neospora Antibody ELISA (serum)
- Pregnancy ELISA (PAGs) (serum)
- Contagious Mastitis Panel (milk, bulk tank)

Sample Pooling: 20:1 5:1 4:1 3:1

Species: Bovine Other: _____

Sample No.	Official Animal ID	Barn Animal ID	Age	Sex	Notes <i>For individual sample instructions</i>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					



Supplemental Submission Form

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Submitter's Name: _____

Owner's Name: _____

Phone: _____

Phone: _____

Sample No.	Official Animal ID	Barn Animal ID	Age	Sex	Notes <i>For individual sample instructions</i>
__3					
__4					
__5					
__6					
__7					
__8					
__9					
__0					
__1					
__2					
__3					
__4					
__5					
__6					
__7					
__8					
__9					
__0					
__1					
__2					
__3					
__4					
__5					
__6					
__7					
__8					
__9					
__0					
__1					
__2					