



SAMPLE SUBMISSION FORM

MI Lab: 1163 Comet Ln, Suite 100, Grand Ledge, MI 48837

WI Lab: 200 E Kelso Rd, Kaukauna, WI 54130

(Complete below and submit with samples)

Veterinarian/Submitter Name: _____	Owner Name: _____
Clinic Name: _____	Farm Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Phone/Fax: _____	Phone/Fax: _____
Email: _____	Email: _____
Collect Date: _____	Herdcode: _____ Customer #: _____
Ship Date: _____	Bill to: <input type="checkbox"/> Clinic <input type="checkbox"/> Owner <input type="checkbox"/> Other:

Results available online at: reports.mycentralstar.com

Report Results via: Web Reports Email Web Reports Text Email
 Mail Fax

Report Results to: Clinic Owner

Additional information, special instructions, comments:

Component Analysis—Individual or Bulk Tank Milk Species: Bovine Caprine Ovine Other: _____ Quantity: _____

Butterfat, Protein, Lactose, Solid Non-Fat, Somatic Cell Count (SCC), Milk Urea Nitrogen (MUN)

Diagnostic Testing

Species: Bovine Caprine Ovine Other: _____ Quantity: _____

<p>Individual Milk ELISAs Quantity: _____</p> <p><input type="checkbox"/> Johne’s Antibody ELISA <input type="checkbox"/> A1/A2 PCR</p> <p><input type="checkbox"/> Leukosis Antibody ELISA</p> <p><input type="checkbox"/> BVD Antigen ELISA</p> <p><input type="checkbox"/> Neospora Antibody ELISA</p> <p><input type="checkbox"/> Pregnancy ELISA</p> <p>PCRs</p> <p><input type="checkbox"/> BVD PCR</p> <p style="margin-left: 20px;"><input type="checkbox"/> Individual</p> <p style="margin-left: 20px;"><input type="checkbox"/> Pooled (250:1; then 30:1)</p> <p style="margin-left: 20px;"><input type="checkbox"/> with Follow-Up Testing (BVD ELISA)</p>	<p>RED TOP BLOOD TUBES Quantity: _____</p> <p>ELISAs</p> <p><input type="checkbox"/> Johne’s Antibody ELISA</p> <p><input type="checkbox"/> Leukosis Antibody ELISA</p> <p><input type="checkbox"/> BVD Antigen ELISA</p> <p><input type="checkbox"/> Neospora Antibody ELISA</p> <p><input type="checkbox"/> Pregnancy ELISA</p> <p style="text-align: center;">IMPORTANT: Blood in Red-Top tubes cannot be used for PCR testing because they allow clotting.</p>	<p>Whole Blood PURPLE TOP BLOOD TUBES Quantity: _____</p> <p>ELISAs</p> <p><input type="checkbox"/> Johne’s Antibody ELISA</p> <p><input type="checkbox"/> Leukosis Antibody ELISA</p> <p style="margin-left: 20px;"><input type="checkbox"/> with Follow-Up Testing via SS1 PCR</p> <p><input type="checkbox"/> BVD Antigen ELISA</p> <p><input type="checkbox"/> Neospora Antibody ELISA</p> <p><input type="checkbox"/> Pregnancy ELISA</p> <p>PCRs</p> <p><input type="checkbox"/> BVD PCR</p> <p style="margin-left: 20px;"><input type="checkbox"/> Individual</p> <p style="margin-left: 20px;"><input type="checkbox"/> Pooled (20:1) <input type="checkbox"/> w/ Follow-Up Testing (BVD ELISA)</p> <p><input type="checkbox"/> A1/A2 PCR</p> <p><input type="checkbox"/> BLV SS1 PCR</p>
<p>Bulk Tank Milk Quantity: _____</p> <p>PCRs</p> <p><input type="checkbox"/> Johne’s PCR (MI Lab Only)</p> <p><input type="checkbox"/> BVD PCR</p>	<p>Mastitis PCRs</p> <p><input type="checkbox"/> Staph aureus PCR</p> <p><input type="checkbox"/> Myco. bovis PCR</p> <p><input type="checkbox"/> Contagious 4 PCR</p> <p><input type="checkbox"/> Complete 16 PCR</p>	<p>Tissue Quantity: _____</p> <p>ELISA</p> <p><input type="checkbox"/> BVD Antigen ELISA</p> <p>PCRs</p> <p><input type="checkbox"/> BVD PCR</p> <p style="margin-left: 20px;"><input type="checkbox"/> Individual</p> <p style="margin-left: 20px;"><input type="checkbox"/> Pooled (20:1) <input type="checkbox"/> w/ Follow-Up Testing (BVD ELISA)</p> <p><input type="checkbox"/> A1/A2 PCR</p> <p>Fecal Quantity: _____</p> <p>PCR</p> <p><input type="checkbox"/> Johne’s PCR</p> <p style="margin-left: 20px;"><input type="checkbox"/> Individual</p> <p style="margin-left: 20px;"><input type="checkbox"/> Pooled (5:1) <input type="checkbox"/> w/ Follow-Up Testing</p>

Sample #	Official Animal ID	Barn Animal ID	Age	Sex	Notes/Individual Testing Requests
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					



CentralStar

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Veterinarian/Submitter Name: _____	Owner Name: _____
Phone: _____	Phone: _____

Sample #	Official Animal ID	Barn Animal ID	Age	Sex	Notes/Individual Testing Requests
11					
12					
13					
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