

Agent for Shipment of Sample to Diagnostic Laboratory:

Clinical Pathology Laboratory, Room 1582

Prairie Diagnostic Services
52 Campus Drive
Saskatoon, Saskatchewan, S7N 5B4
Phone: (306) 966-7316
Fax: (306) 966-7302

**TO WHOM IT MAY CONCERN:
THE ENCLOSED SPECIMENS FROM:**

Animal I.D. / Name: _____
Animal Species / Breed: _____
Owner's Name: _____
Case/Clinic Number: _____

SPECIMEN TYPE:

Consists of blood/serum/urine/other _____
(circle or write in appropriate sample type)

I, the undersigned veterinarian acknowledge the following:

- the material does not contain any other animal-derived material from livestock or poultry,
- the material was not derived from cats or dogs which were inoculated with or exposed to any infectious agents of agricultural concern.

Veterinarian Name: _____ **Signature:** _____
Clinic Name: _____
Address: _____
Phone Number: _____ **Date:** _____

Waybill _____ Shipper's Signature _____
Date _____ Country of Origin _____

**THESE SPECIMENS ARE EXTREMELY IMPORTANT DIAGNOSTICALLY
DELAY OF ANY KIND WILL RENDER THEM USELESS**

End of Form