

**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:**

1. the material does not contain any other animal-derived material from livestock or poultry.
2. 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: \_\_\_\_\_

**FOR LAB USE ONLY**

Shipper's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Courier Invoice (Waybill) Number: \_\_\_\_\_ Country of Origin: \_\_\_\_\_

**THESE SPECIMENS ARE EXTREMELY IMPORTANT DIAGNOSTICALLY**

**\*\*\*DELAY OF ANY KIND WILL RENDER THEM USELESS\*\*\***