Place Your Clinic Letterhead Here

AGENT FOR SHIPMENT OF SAMPLE TO VETERINARY DIAGNOSTIC LABORATORY:

Clinical Pathology Laboratory, Room 1582
Prairie Diagnostic Services
52 Campus Drive
Saskatoon, Saskatchewan, S7N 5B4 CANADA
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: _____

SAMPLE TYPE:

Circle or write the appropriate sample type: **blood** **serum** **urine**
other _____

I, the undersigned veterinarian acknowledges, the following:

1. The sample does not contain any other animal-derived material from livestock or poultry.
2. The sample 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 PRAIRIE DIAGNOSTIC SERVICES LABORATORY USE ONLY

Shipper's Signature: _____ **Date:** _____

Courier Invoice (Waybill) Number: _____ **Country of Origin: CANADA**

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

End of Form

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