



# Bovine Johne's Disease

## Submission Form

Complete all pages of this form and mail it with samples to: **NEOGEN® Genomics, 4131 N 48th St, Lincoln, NE 68504**

Name of producer/operation: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Preferred reporting method:  Email  Fax  Mail

### Sample Type

Individual fecal samples  Environmental  Serum/whole blood  Milk

### Sample Collection Instructions

Collect fecal samples directly from rectum, unless samples are environmental. Place at least one tablespoon into clean plastic container. Submit as soon as possible. Do not freeze. If pooling is requested five animals will be combined into one pool. Pooling will be done at the lab.

### Tests requested

Individual fecal PCR  Pooled fecal PCR  Antibody ELISA Total samples submitted: \_\_\_\_\_

Sample Information					
Tube #	Animal ID	Age	Tube #	Animal ID	Age
1			16		
2			17		
3			18		
4			19		
5			20		
6			21		
7			22		
8			23		
9			24		
10			25		
11			26		
12			27		
13			28		
14			29		
15			30		

Office Use Only	
Date received:	Check number:
Received by:	Amount:
Order number:	

Payment Information	
Name/signature:	<input type="checkbox"/> Discover
Credit card number:	<input type="checkbox"/> Mastercard
	<input type="checkbox"/> Visa
Exp. date:	Three digit security code:



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Sample Information (continued)					
Tube #	Animal ID	Age	Tube #	Animal ID	Age
31			71		
32			72		
33			73		
34			74		
35			75		
36			76		
37			77		
38			78		
39			79		
40			80		
41			81		
42			82		
43			83		
44			84		
45			85		
46			86		
47			87		
48			88		
49			89		
50			90		
51			91		
52			92		
53			93		
54			94		
55			95		
56			96		
57			97		
58			98		
59			99		
60			100		
61			101		
62			102		
63			103		
64			104		
65			105		
66			106		
67			107		
68			108		
69			109		
70			110		

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