

NON EXPORT SAMPLE SUBMISSION FORM



Wellington Laboratory

Telephone: (04) 570 8800 Fax: (04) 570 8176

To: Wellington Laboratory AsureQuality Limited 1C Quadrant Drive Waiwhetu LOWER HUTT 5010	Laboratory Number:	
	Date Received:	Received By:
	Number of Samples Received:	

Name of Submitter:		Name of Owner:	
Address:		Address:	
Phone:	Fax:	Date Sample Collected:	
Email:		Date Sent:	

Animal(s) ID:	Submitter's Reference:
Species:	Results Required by Date:
Breed:	Copy Results To:
Sex:	Number of Supplementary Pages:
Animal(s) Age:	Reason for Submission: Diagnostic <input type="checkbox"/> Surveillance <input type="checkbox"/> Others (specify) _____
Type of Sample Submitted:	
Number of Samples Submitted:	

TESTING REQUIREMENTS

Test	Test Requested (tick✓ as required)
BVD Ag ELISA (serum)	
EBL ELISA (serum)	
IBR ELISA (serum)	
Johnes ELISA (serum)	

Comments: (e.g. Special Storage Conditions, Courier Tracking Numbers)

Submitter's Signature: _____

For sending samples more than 50, please email Animal ID Excel file to: WgtnSerology@asurequality.com

SCHEDULE OF ANIMALS

Name of Submitter:				Owner Name:		
Submitter's Reference:						
Serial No	Animal(s) ID	Species	Breed	Sex	Animal(s) Age	Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						