



Enter your Billing ID #\_

Clinic Name:

Address:

Submitting Veterinarian:\_\_\_

## **Atlantic Veterinary College**

University of Prince Edward Island 550 University Avenue Charlottetown, PE C1A 4P3

## **Diagnostic Services**

(902)566-0863 (Laboratories) (902)566-0877 (Virology) (902)566-0723 (Fax)

| AVC Only |  |
|----------|--|
|          |  |

## Multiple Animal Virology Submission Form

Lab #:

Your internal case/Reference No.: \_\_\_\_\_

(To accompany QA-F-101A & QA-F-101B)

## PLEASE COMPLETE ALL FIELDS, PRINT LEGIBLY, AND ENTER ONLY ONE OWNER PER FORM

Owner:

Address:

| Telephone No.:   | Fax No.:         |       |     |     |  |  |  |  |
|--|------------------|-------|-----|-----|--|--|--|--|
| Number of Samples:   |                  |       |     |     |  |  |  |  |
| REGIONAL DIAGNOSTIC VIROLOGY SERVICES – MULTIPLE ANIMAL VIROLOGY SUBMISSION FORM |                  |       |     |     |  |  |  |  |
| Specimen No. (bag,<br>tube, vial, etc.)  | Animal ID Number | Breed | Sex | Age |  |  |  |  |
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| Specimen No. (bag, tube, vial, etc.) | Animal ID Number | Breed | Sex | Age |
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