



# Addison Biological Laboratory Pinkeye Submission Form

**For best results send samples in a cooler on ice.**

507 N. Cleveland Ave.  
Fayette, MO 65248

phone #660-248-2215  
fax #660-248-2554  
toll free #: 800-331-2530

[www.addisonlabs.com](http://www.addisonlabs.com)  
[diagnostics@addisonlabs.com](mailto:diagnostics@addisonlabs.com)

Veterinarian: \_\_\_\_\_  
 Clinic: \_\_\_\_\_  
 Address (No P.O. Boxes): \_\_\_\_\_  
 City, St., zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Cell #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_  
 Vet/clinic Email: \_\_\_\_\_

Owner: \_\_\_\_\_  
 Farm Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, St., zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_

**FAX or EMAIL** diagnostic report (circle one)  
 \*\*All reports are mailed with the invoice\*\*

**Submitted by:** Vet  Owner  University/Laboratory

History:  
 If vaccinated with a pinkeye vaccine - which vaccine used? \_\_\_\_\_  
 Boostered: Yes  No  # in herd breaking: \_\_\_\_\_ Age: \_\_\_\_\_

Was MLV IBR vaccine given: Yes  No  At the same time as the PE vaccine? Yes  No

Herd Condition – Repro. Efficiency (circle one)?      Good      Fair      Poor

Micronutrient supplementation: \_\_\_\_\_

Was treatment rendered?      Yes  No       Before or after sampling: \_\_\_\_\_

Other testing:      Antibiotic Sensitivity       Mycoplasma PCR

Comments: \_\_\_\_\_

Specimens Submitted: # of eye swabs sent: \_\_\_\_\_  
 ID #'s with samples: \_\_\_\_\_  
 \_\_\_\_\_  
 Date Samples Taken: \_\_\_\_\_