Addison Biological Laboratory
Pinkeye Submission Form

LAB USE ONLY
ABL Case #: _____
Date Rec'd: _____

507 N. Cleveland Ave.
Fayette, MO 65248

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

www.addisonlabs.com
diagnostics@addisonlabs.com

SEND SAMPLES ON ICE AND IN A COOLER FOR BEST RESULTS

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

Owner: _____
Farm Name: _____
Address: _____
City, St. zip: _____
Phone #: _____

FAX or EMAIL diagnostic report (circle one)

Note: All reports are mailed with the invoice also

History:

If vaccinated with a pinkeye vaccine - which vaccine used? _____

Boostered: Y / N # in herd breaking _____ Age _____

Was MLV IBR vaccine given: Y / N At the same time as the PE vaccine? Y / N

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

Micronutrient supplementation: _____

Was treatment rendered? Y / N Before or after sampling: _____

Other testing besides a bacterial culture? (Antibiotic Sensitivity or Mycoplasma PCR?) _____

Comments: _____

Specimens Submitted: # of eye swabs sent: _____

ID #'s with samples: _____

_____

Date Samples Taken: _____