

**Abbotsford Agriculture Centre
1767 Angus Campbell Road
Abbotsford, B.C. V3G 2M3
Phone: 604-556-3135 Fax: 604-556-3133**

LAB NUMBER:

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OWNER: FARM NAME: PHONE: FAX: ATTENDING VETERINARIAN:	SUBMITTED BY: COMPANY: PHONE: FAX: COPIES TO:
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SPECIMEN: AGE/SEX: FLOCK/HERD SIZE: VACC. PROGRAM:	SPECIES: BREED: FLOCK/HERD I.D.:
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AVIAN SEROLOGY:

NDV <input type="checkbox"/> IB <input type="checkbox"/> IBD <input type="checkbox"/> REO <input type="checkbox"/> AE <input type="checkbox"/>	MS <input type="checkbox"/> MG <input type="checkbox"/> MM <input type="checkbox"/> ILT <input type="checkbox"/> ADENO <input type="checkbox"/>	AV. INFLUENZA <input type="checkbox"/> CAV <input type="checkbox"/> FOWL CHOLERA <input type="checkbox"/> <i>B. AVIUM</i> <input type="checkbox"/> HE <input type="checkbox"/>	ORT <input type="checkbox"/> PMV3 <input type="checkbox"/> EDS <input type="checkbox"/>
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LARGE ANIMAL SEROLOGY:

BLV AGID or ELISA <input type="checkbox"/> NEOSPORA cELISA <input type="checkbox"/> MAP (Johne's) ELISA <input type="checkbox"/> *EIA <input type="checkbox"/> *BRUCELLOSIS BPAT Test <input type="checkbox"/>	CAE cELISA <input type="checkbox"/> OPP cELISA <input type="checkbox"/> <i>Coxiella burnetti</i> <input type="checkbox"/> WNV Equine IgM Capture ELISA <input type="checkbox"/>	BVD AB ELISA (>19) <input type="checkbox"/> IBR AB ELISA (>19) <input type="checkbox"/> MCF cELISA <input type="checkbox"/> TOXOPLASMA <input type="checkbox"/>
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DETECTION OF:

BVD Antigen <input type="checkbox"/> <i>C. difficile</i> A & B Toxins <input type="checkbox"/> MAP (Johne's Culture) <input type="checkbox"/> <i>Salmonella</i> <input type="checkbox"/>	*Please note that when submitting samples for EIA or Brucellosis testing, samples must be accompanied by the proper CFIA form.
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ADDITIONAL INFORMATION:

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