



# Frederick Animal Health Laboratory

1840 Rosemont Avenue  
Frederick, MD 21702-8218

(301) 600-1548 (Phone)  
(301) 600-6111 (FAX)

Payment (Circle One): Credit Card Cash Check (# ) Bill Vet Amount: \$

## BACTERIOLOGY SERVICES REQUEST FORM

DATE and TIME: \_\_\_\_\_ ACCESSION #: \_\_\_\_\_

**PREMISE ADDRESS (required):** \_\_\_\_\_

| Street #                | Street | City | State | Zip |
|-------------------------|--------|------|-------|-----|
| <b>Owner</b> _____      |        |      |       |     |
| Address _____           |        |      |       |     |
| City _____              |        |      |       |     |
| State _____ Zip _____   |        |      |       |     |
| Email _____             |        |      |       |     |
| Phone ( ) _____         |        |      |       |     |
| Fax ( ) _____           |        |      |       |     |
| <b>Vet/Clinic</b> _____ |        |      |       |     |
| Address _____           |        |      |       |     |
| City _____              |        |      |       |     |
| State _____ Zip _____   |        |      |       |     |
| Email _____             |        |      |       |     |
| Phone ( ) _____         |        |      |       |     |
| Fax ( ) _____           |        |      |       |     |

Report Distribution:  E-Mail  Fax  US Mail  No Report

|  |  |
|--|--|
| <b>Animal Information</b><br><input type="checkbox"/> Bovine <input type="checkbox"/> Caprine <input type="checkbox"/> Equine <input type="checkbox"/> Ovine <input type="checkbox"/> Other: _____<br><b>Testing Reason:</b> <input type="checkbox"/> Routine Screening <input type="checkbox"/> Clinical Suspect<br><b>Treatment:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Treatment Date:</b> _____ | <b>Sample Information</b> Date Collected: _____<br><input type="checkbox"/> Milk <input type="checkbox"/> Swab: _____ <input type="checkbox"/> Other: _____<br><input type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen <input type="checkbox"/> Previously Frozen<br><i>(Mastitis Only)</i> <i>(Mastitis Only)</i> |
|--|--|

**TEST REQUESTED:**  Aerobic Culture  Mastitis Culture  Other: \_\_\_\_\_  
(MUST SPECIFY) **Sensitivity:**  Yes (fee per sample)  No  Call client prior to performing sensitivity

|    | Name/ID | Sex | Age | Sample Site |    | Name/ID | Sex | Age | Sample Site |
|----|---------|-----|-----|-------------|----|---------|-----|-----|-------------|
| 1  |         |     |     |             | 13 |         |     |     |             |
| 2  |         |     |     |             | 14 |         |     |     |             |
| 3  |         |     |     |             | 15 |         |     |     |             |
| 4  |         |     |     |             | 16 |         |     |     |             |
| 5  |         |     |     |             | 17 |         |     |     |             |
| 6  |         |     |     |             | 18 |         |     |     |             |
| 7  |         |     |     |             | 19 |         |     |     |             |
| 8  |         |     |     |             | 20 |         |     |     |             |
| 9  |         |     |     |             | 21 |         |     |     |             |
| 10 |         |     |     |             | 22 |         |     |     |             |
| 11 |         |     |     |             | 23 |         |     |     |             |
| 12 |         |     |     |             | 24 |         |     |     |             |

**History/Comments:**



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## BACTERIOLOGY SERVICES REQUEST FORM

(CONTINUATION PAGE)

ACCESSION #: \_\_\_\_\_

|    | Name/ID | Sex | Age | Sample Site |    | Name/ID | Sex | Age | Sample Site |
|----|---------|-----|-----|-------------|----|---------|-----|-----|-------------|
| 25 |         |     |     |             | 50 |         |     |     |             |
| 26 |         |     |     |             | 51 |         |     |     |             |
| 27 |         |     |     |             | 52 |         |     |     |             |
| 28 |         |     |     |             | 53 |         |     |     |             |
| 29 |         |     |     |             | 54 |         |     |     |             |
| 30 |         |     |     |             | 55 |         |     |     |             |
| 31 |         |     |     |             | 56 |         |     |     |             |
| 32 |         |     |     |             | 57 |         |     |     |             |
| 33 |         |     |     |             | 58 |         |     |     |             |
| 34 |         |     |     |             | 59 |         |     |     |             |
| 35 |         |     |     |             | 60 |         |     |     |             |
| 36 |         |     |     |             | 61 |         |     |     |             |
| 37 |         |     |     |             | 62 |         |     |     |             |
| 38 |         |     |     |             | 63 |         |     |     |             |
| 39 |         |     |     |             | 64 |         |     |     |             |
| 40 |         |     |     |             | 65 |         |     |     |             |
| 41 |         |     |     |             | 66 |         |     |     |             |
| 42 |         |     |     |             | 67 |         |     |     |             |
| 43 |         |     |     |             | 68 |         |     |     |             |
| 44 |         |     |     |             | 69 |         |     |     |             |
| 45 |         |     |     |             | 70 |         |     |     |             |
| 46 |         |     |     |             | 71 |         |     |     |             |
| 47 |         |     |     |             | 72 |         |     |     |             |
| 48 |         |     |     |             | 73 |         |     |     |             |
| 49 |         |     |     |             | 74 |         |     |     |             |