Kansas State Veterinary DIAGNOSTIC LABORATORY BILL TO: O Clinic Ow Third Party Contact Info:	Laboratory Use Only Case Coordinator PDF Panel Please download/save and use Adobe Acrobat to complete form. Many web browsers cannot fill form fields						
CLINIC	ACCOUNT #		OWNER/PI	RODUCER			
Veterinarian							
Clinic/Company							
	State ZIP					e	ZIP
Phone							
(1-2 ml of serum or colostr Quantitation of IgG by (1-2 ml of serum or colostr	tibody Test Only r Only ntitation Panel (IgM and Ig um) - Equine Only / Radial Immunodiffusion um) - Equine Only y Radial Immunodiffusion	G)					
<u>HISTORY - (required)</u>							

(OPENED BY	Courier Record:	Courier	FedEx	Hand Delivered	Mail		
		Coolant Record:	Coolant Pack	Dry Ice	Frozen	U Warmer	None None	
		Sample Condition:	Good	Broken	Leaked	Other)	

This submission form is a legal binding contract between KSVDL and the submitting entity. All specimens, animals, and/or biological materials submitted to the KSVDL as well as any test results, diagnoses, or other analyses resulting from these submissions will become the property of KSVDL. Specimens also may be used for teaching purposes. well as any test results, diagnoses, or other analyses resulting from these submissions will be come the property of the submitting entity. A 1.5% finance charge will be assessed on all charges over 30 days. KSVDL-CS-SUB-F-14-1 Effective Date: 11/17/2021 Page 1 of 1