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FORM APPROVED
OMB NO. 0579-0090

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
NATIONAL VETERINARY SERVICES LABORATORIES
AMES, IOWA 50010
CONTINUATION SHEET FOR SPECIMEN SUBMISSION

INSTRUCTIONS: Use this form only as a continuation of information on VS FORM 10-4.

PAGE

OF

2. NAME OF OWNER/BROKER (Last, First, MI)

CITY STATE

13. REFERRAL NUMBER

21. IDENTIFICATION			
Sample ID	Animal ID/Breed	AGE	SEX

IDENTIFICATION			
Sample ID	Animal ID/Breed	AGE	SEX