

**ODA ANIMAL HEALTH LAB  
MULTIPLE SAMPLE SUBMISSION FORM**

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Owner: \_\_\_\_\_ Date Drawn: \_\_\_\_\_

Test(s) requested: \_\_\_\_\_

Confidentiality of all information related to these tests is requested  Yes  No

Veterinarian's Signature

TUBE #	ANIMAL ID	TUBE #	ANIMAL ID	TUBE #	ANIMAL ID
1		35		69	
2		36		70	
3		37		71	
4		38		72	
5		39		73	
6		40		74	
7		41		75	
8		42		76	
9		43		77	
10		44		78	
11		45		79	
12		46		80	
13		47		81	
14		48		82	
15		49		83	
16		50		84	
17		51		85	
18		52		86	
19		53		87	
20		54		88	
21		55		89	
22		56		90	
23		57		91	
24		58		92	
25		59		93	
26		60		94	
27		61		95	
28		62		96	
29		63		97	
30		64		98	
31		65		99	
32		66		00	
33		67		Start new page	
34		68			