

Veterinary Diagnostic Laboratory

University Of Arkansas, Division of Agriculture
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Ph: 479-575-4827

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Laboratory Case Number: _____

Date Received: _____

Drag Swab	Farm-House ID	Flock ID #	Age (wks)	Location Belt, Floor, Other	Quantity	Laboratory Results
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Send Results To: _____ Phone #: _____ Fax #: _____

Company Name & Address: _____