

## Canadian Operations

Veterinarian:		
Clinic:		
Tel:	Fax:	
Email:		

## **Bovine Viral Diarrhea Virus testing** Submission of samples of **Canadian origin**

For detection of BVDV infection in alpacas

Neogen Canada			For laboratory use only:			
Veterinary D	Diagnostics Division		Date Samples received:			
21 College Avenue W			Order #: Task ID:			
Guelph, ON N1G 1R7			Sample condition:			
Tel: 226 780	0269 Fax: 226 780 026	8				
Veterinarian:			Client/Owner:			
Clinic:			Farm/Address:			
Tel:	Fax:					
Email:		<u> </u>	Tel/email:			
or equivalen	uirements: Samples mu it. There must be enoug diately after spotting an ampness or other adve	gh sample to cover at nd kept at room tempe	least half of the circ	le on the filter paper.	Cards should be	
Samples: (plea	ase provide as much informa	tion as possible in order to	unequivocally identify t	the animal. Use back of for	m if necessary).	
Card #	Alpaca Name	Date of Birth	Microchip #	Registration #	Date sampled	
Statement:	BVDV test results are requ	uired for show purposes on	y and the above alpaca	are not showing any obvio	us signs of illness.	
Statement:		uired for show purposes on	y and the above alpaca	are not showing any obvio	us signs of illness.	
Payment in						
Payment in:  Cost = # of san	formation	mple = + ap	plicable tax*	_ =To		
Payment in:  Cost = # of san  *Please note:	formation  nples x \$20/sai	mple = + ap 5% GST, in ON, NB, NL, add	plicable tax* d 13% HST, In NS add 15	_ =To %, in PE add 14%		
Payment in:  Cost = # of san  *Please note:  If you wish to n	formation  nples x \$20/sai in BC, AB, MB, SK & QC, add	mple = + ap 5% GST, in ON, NB, NL, add results mailed to you, <b>pleas</b>	plicable tax*d 13% HST, In NS add 15	_ =To %, in PE add 14% , results will be emailed.	otal	