

**Test Submission Form**  
**CENTRAL STATES TESTING**  
**BVD CAPTURE ELISA TEST**

DATE SAMPLED \_\_\_\_\_

CLIENT \_\_\_\_\_

BILL TO \_\_\_\_\_

PEN \_\_\_\_\_

LOT \_\_\_\_\_

NO.'S \_\_\_\_\_ TO \_\_\_\_\_

TOTAL NUMBER OF TUBES \_\_\_\_\_

TAG COLOR \_\_\_\_\_

Weight \_\_\_\_\_

**Feeder Calves Test:**  Sale Barn  Started

**Cow Herd Test:**  Cows/Bulls  Calves

★ **AGE:**  less than 60 days old  more than 60 days old

<b>TOTAL NUMBER RECEIVED</b> _____	<b>TESTED</b> _____
<b>DATE</b> _____	<b>TECH</b> _____
<b>POS</b> _____	<b>NEG</b> _____

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