



Test Better.
Faster. *Smarter.*

Test Submission Form

BVD-PI Testing

REQUIRED

HEALTH ISSUES: YES NO AGE: LESS THAN 60 DAYS MORE THAN 60 DAYS

DATE SAMPLED: _____

CLIENT: _____ BILL TO: _____

PEN: _____ LOT: _____ NO.'S: _____ TO _____

TOTAL NUMBER OF TUBES: _____ TAG COLOR: _____

WEIGHT: _____

TOTAL NUMBER RECEIVED: _____ TESTED: _____

DATE: _____ TECH: _____ POS: _____ NEG: _____



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