



**Pennsylvania Animal Diagnostic Laboratory System  
Supplemental Blood Tube Identification Form**

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Pennsylvania Veterinary  
Laboratory  
2305 North Cameron Street  
Harrisburg, PA 17110-9408  
(717) 787-8808

**This form is only to be used in conjunction with the Avian Sample Submission Form PD AVIAN FORM 01**

**Accession #** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_ **Sample Collector:** \_\_\_\_\_

**Location Number:** \_\_\_\_\_ **Flock ID:** \_\_\_\_\_

**Blood Tube Identification\***

Box # \_\_\_\_\_ Pen/House # \_\_\_\_\_ Species \_\_\_\_\_


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Box # \_\_\_\_\_ Pen/House # \_\_\_\_\_ Species \_\_\_\_\_


Box # \_\_\_\_\_ Pen/House # \_\_\_\_\_ Species \_\_\_\_\_


\*Please write the band number (sample #) in the space corresponding to sample location in box.

**Blood Tube Identification\***

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