

# Stearns DHIA Laboratories

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## EXTRA SAMPLES

Sampled For: _____	Bill To: _____
Address: _____	Address: _____
Address: _____	Address: _____
Telephone #: _____	Telephone #: _____
Herd Code: _____	Date: _____
Premise ID: _____	Email: _____

**Bill Herd Owner** \_\_\_\_\_

**Bill Association** \_\_\_\_\_

**Check all that apply:**

<b>Fat</b> _____	<b>Other Solids</b> _____	<b>Culture</b> _____	<b>Antibiotics</b> _____
<b>Protein</b> _____	<b>Johne's</b> _____	<b>Sensitivity</b> _____	
<b>SCC</b> _____	<b>Leukosis</b> _____	<b>SPC</b> _____	
<b>MUN</b> _____	<b>Pregnancy</b> _____	<b>Coliform</b> _____	

Vial #	Sample ID	Analysis Requested	Vial #	Sample ID	Analysis Requested	Vial #	Sample ID	Analysis Requested
1			26			51		
2			27			52		
3			28			53		
4			29			54		
5			30			55		
6			31			56		
7			32			57		
8			33			58		
9			34			59		
10			35			60		
11			36			61		
12			37			62		
13			38			63		
14			39			64		
15			40			65		
16			41			66		
17			42			67		
18			43			68		
19			44			69		
20			45			70		
21			46			71		
22			47			72		
23			48			73		
24			49			74		
25			50			75		

Vial #	Sample ID	Analysis Requested
76		
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Vial #	Sample ID	Analysis Requested
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Vial #	Sample ID	Analysis Requested
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