

Sound Diagnostics, Inc.

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RABBIT SEROLOGY

Requestor's name: _____ Date: _____
Entity Name & Address: _____ Billing Address (if different): _____

Phone: _____ P.O. No. (if applicable): _____
Fax: _____ E-Mail: _____

Rabbit name/number: _____ Client: _____
Breed: _____ Age: _____ Sex: _____
Clinical signs and duration: _____

Culture positive for *P. multocida*: yes no not done pending

Test (check): *C. piliforme* *E. cuniculi* *P. multocida* *T. cuniculi*
Date(s) and result(s) of previous sample(s) tested: _____

Provide results by: Fax Phone E-Mail (results will also be mailed)

(Information below will be filled in by the laboratory)

Results: _____ Lab no: _____
Test Date: _____

Comments:

Please call if you have any questions about the interpretation of results.