Coggins Signature Sheet – Lab Submission

Name: Signature:

CERTIFICATION BY ABOVE FEDERALLY ACCREDITED VETERINARIAN:
I certify with my signature that the specimens submitted with this form were drawn by me from the horses described as indicated.

Owner	**Horse Name** with Tube ID if different	***ELISA***	Date drawn	Serial #	Accession #
				Lab use only	Lab use only
				Lab use only	Lab use only
				Lab use only	Lab use only
				Lab use only	Lab use only
				Lab use only	Lab use only
				Lab use only	Lab use only
				Lab use only	Lab use only
				Lab use only	Lab use only
				Lab use only	Lab use only
				Lab use only	Lab use only
				Lab use only	Lab use only
				Lab use only	Lab use only
				Lab use only	Lab use only
				Lab use only	Lab use only
				Lab use only	Lab use only
				Lab use only	Lab use only
				Lab use only	Lab use only
				Lab use only	Lab use only
				Lab use only	Lab use only
				Lab use only	Lab use only

Larch Hill Laboratory 387 Albro Road, Earlville, NY 13332