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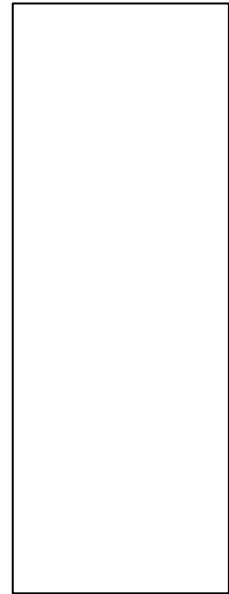
ACCESSION FORM
Washington Animal Disease Diagnostic
Laboratory Washington State University

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BVD HERD TESTING

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Street:	Clinic:		
City: State: Zip:	Street:		
Phone: Fax:	City: State: Zip:		
E-Mail:	Phone: Fax:		
	E-Mail:		
Date Shipped:			



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