



# Michigan Department of AGRICULTURE

## ANIMAL DRUG TESTING SUPPLIES REQUEST FORM

Fair Name: \_\_\_\_\_ Dates of Shows: \_\_\_\_\_

Approximate number of Animals to be tested: \_\_\_\_\_

Will hair samples be collected? (Yes/No) \_\_\_\_\_ Approximate number of hair samples? \_\_\_\_\_

COST: **\$50.00** Supplies and handling charge (Charged whether samples are collected or not)  
**\$35.00** per urine, blood or hair sample - for drug screening.  
**\$150.00** per confirmation (Required only if the screening test indicates the presence of a drug)

Supplies will be (check only one): Picked up at lab \_\_\_\_\_ Shipped to address below \_\_\_\_\_

In the box below, provide the name of a contact person, address, phone number, and E-mail where testing supplies will be shipped and results are to be reported.

Name:	_____
Address:	_____ _____
Phone:	_____ Fax: _____
E-Mail:	_____

### The following supplies will be provided:

- |  |   |
|--|---|
| ❖ Urine Specimen Containers                    | ❖ Example of a Properly Sealed Sample Container |
| ❖ Blood Collection Tubes-Red Top (Vacutainers) | ❖ Urine Catching Sticks                         |
| ❖ Blood Collection Needles and Hubs            | ❖ Sample Transmittal Packing Lists              |
| ❖ Sample Tags                                  | ❖ Sample Cases (with seals)                     |
| ❖ Sample Sealing Tape (Evidence Tape)          | ❖ Lockable Sample Cans                          |
| ❖ Hair Collection Bags (if needed)             |   |

Please mail this form to the address below at least 30 days prior to the Fair Date.

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(517) 203-1356 or (517) 337-5082