

**Please Select Species:** 

## TB SUBMISSION FORM

## Interferon gamma (Y) testing for suspected tuberculosis cases

Canine

					i
Practice Nam	ne:			Owner Name:	
Address:				Address:	
Submitting Clinician:	ı			Sex:	
Tel:				Age:	
Email:				Breed:	
Date Collecte	d:			Date Sent:	
Sampling inst					
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**Feline** 

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