## Test Results Form

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| --- | --- |
| Owner, Flock Name and PIC: |  |
| Date of Test: |  | Number sampled: |  |
| Date of Results: |  | Test Used:  |  |
| Laboratory ID: |  |  |  |
|  |
| Results: |   | NEGATIVE |  | POSITIVE |  |  |

**IDENTIFICATION OF POSITIVES:**

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| **Tag / Group Number** | **Action** | **Result** |
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