MONTANA VETERINARY DIAGNOSTIC LABORATORY

PHONE: (406) 994-4885
FAX: (406) 994-6344
WEBSITE: www.liv.mt.gov/lab
WEB RESULTS: https://mvdl.mt.gov
E-MAIL: mvdl@mt.gov

1911 WEST LINCOLN STREET
BOZEMAN, MT 59718

Submitter: SHAWN GLEASON DVM
Clinic: TAMMANY VETERINARY HOSPITAL
Address: 1014 EASTSIDE HWY
CORVALLIS MT 59828

Accession #:26-17260
Name/ID:
Species: Domestic Goat
Breed:
Sex:
Age:
Owner: [redacted]

COMPLETE REPORT 04/29/26
Collection date: 04/27/26
Accession date: 04/29/26
Report sent: 04/29/26 @ 1:48 PM
Last report: never sent
County: RAVALLI
Premise:

SEROLOGY

Brucella abortus: Other Testing **Specimen:Serum** **Verified on: 04/29/26 by DK**

These results are not included in the B. abortus Testing Summary

Animal	B. abortus Card Test
1	Negative
2	Negative
3	Negative
4	Negative
5	Negative
6	Negative
7	Negative
8	Negative
9	Negative
10	Negative
11	Negative
12	Negative
13	Negative

Brucella abortus: Other Testing **Specimen:Serum** **Verified on: 04/29/26 by DK**

These results are not included in the B. abortus Testing Summary

Animal	B. abortus Card Test
14	Negative
15	Negative
16	Negative
17	Negative
18	Negative
19	Negative
20	Negative
21	Negative
22	Negative

3% Brucella Card antigen used for test.

Results and invoices available on-demand via our web portal! Please click here to log in. Accounts can also be set to automatically receive invoices via email. Please call for more information.

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HF 4/29/26

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1911 WEST LINCOLN STREET
B

2617260
04/29/26
26 – 17260

Handwritten/faxed submission forms are accepted, but for optimal efficiency and accuracy, please complete electronically and submit via email. Include a print copy with specimens.
**Asterisks indicate required submitter/owner information fields.*

*Submitter Name:	Shawn Gleason DVM	*Owner Name:	[redacted]
*Clinic Name:	Tammany Veterinary Hospital	*Animal Location: (address)	
*Address:	1014 Eastside HWY	*City, State, ZIP:	
*City, State, ZIP:	Conallis MT 59828	Premises ID:	*County: Ravalli
Account #:		Market: (if applicable)	
*Phone: | Fax: (if applicable)	4069611321 / 4069611322	Phone: | Email: (if applicable)	
Email:	tammany1014@gmail.com	*DSA Reimbursement Request:	◉ No ○ Yes

*Collection Date:	4/27/26	*Submitted Specimens: (#/type)	x22 HF serum
*History: (vx, clinical signs, etc.)	Routine Herd testing - Dairy Goats		

Test Requests:
See dropdown options below or the MVDL Submission Guide & Fee Schedule @ our website. If tests are not to be performed on all samples, specify in the Individual Specimen column below.

1. Brucellosis
2.
3.
4.
5.
6.
7.
8.
9.
10.

Submitter: Registered Name / Left ear Tattoo — Owner:

Sample #	Tube #	Official Animal ID (one ID per field)	Other Animal ID (one ID per field)	Sex	Age	Breed	Species	Individual Specimen/Request
1		Kreps LG BabyBear	R28	F			Caprine	
2		Kreps KGA BlueBelle	R46	F				
3		Kreps LG Brown Eyed Susan	R2	F				
4		Kreps LG Cream Colored Pony	R22					
5		Kreps SL Daisy	S51					
6		Kreps LG Desert Rose	P31					
7		Kreps DC Elise	M39					
8		Kreps SL Eliza Doolittle	S3					
9		Kreps LG Half Pint	P80					
10		Kreps LG Joy	R58					

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Submitter: Registered Name left ear tattoo Owner:

Sample #	Tube #	Official Animal ID (one ID per field)	Other Animal ID (one ID per field)	Sex	Age	Breed	Species	Individual Specimen/Request
11		Krebs OT Kiskadee	N6 .	F			Caprine	
12		Krebs GG Lavender	L55 .					
13		Krebs LG Love-in-a-Mist	R1					
14		Krebs LG Mona Lisa	P35					
15		Krebs PD Patty Pan	N49 .					
16		Krebs LG Porcelain Doll	P82 .					
17		Krebs LG Rain	R41 .					
18		Krebs LG Sasha	R85 .					
19		Krebs LG Skylark	R49 .					
20		Krebs LG Simmer Bird	R50 .					
21		Krebs LG Vanilla	P58 .					
22		Krebs PD Whimsical Design	S14 .					

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