



Drug Sample Submission Form

South Dakota Agricultural Laboratories
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Brookings, SD 57006
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(605) 692-7325

Name: _____ *Sample ID: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: (____) _____ **Email: _____

**Sample ID must be marked clearly on the sample you submit. **Results will be emailed to the provided email address.*

Billing Information: ☐ Check box if billing is the same as the customer information

Name: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: (____) _____ Email: _____

Minimum of 2 cups of feed required – Please send more material if multiple tests are requested

Customer Sample ID	Sample Description	Analysis Requested	*Expected Concentration and unit

Analyses Offered

Amprolium (Amprol)	Ivermectin (Heartgard)	Oxytetracycline (Neo-Oxy, Terramycin)	Sulfamethazine (Bovibol, Sulmet, Vesadin)
Carbadox (Mecadox)	Lasalocid (Avatec, Bovatec)	Piperazine (Avizine, Citrate)	Tetracycline HCl (Sumycin, Actisite)
Chlortetracycline (Aureomix, Aureomycin)	Monensin (Coban, Rumensin)	Praziquantel	Tiamulin (Dynamutilin)
Decoquinate (Deccox)	Narasin (Monteban)	Pyrantel (Ascarel, Pamix)	Tilmicosin (Tilmovet, Pulmotil)
Diflubenzuron	Nitrofurazone	Sulfadiazine (Silvadene, Thermazene)	Trimethoprim (Primsol, TMP)
Fenbendazole (Panacur, Safe-Guard)	Ormetoprim (Primor)	Sulfadimethoxine (Di-Methox, Albon)	Tylosin (Tylan)

***Failure to provide an expected drug level may result in a delay in results.**