

College of Agriculture and Biological Sciences Veterinary and Biomedical Sciences Department

Animal Disease Research and Diagnostic Laboratory Center for Infectious Disease Research and Vaccinology

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Authorization to release client information

Client Name: _	Clinic:			
Address:		City:	State:	Zip:
Select one:	Single Case		ADRDL Accession #:	
	Ongoing data transfer		Date authorization ends (if applicable):	
hereby authorize	and consent to the release of t	the following	information:	
Test Results		ther (Specify):		
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Address:				
City:	State	:	Zip:	
Phone:	Fax	:	E-mail:	
By signing this	he animal(s) / farm(s) as indicated as form, I voluntarily agree to he Board of Regents, South Dako M , from and against as	old harmless ta State Univ	and indemnify the State of S	s, agents or
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AT	ORDI Authorized Signature			Date