

SYNBIOTICS CORPORATION
12200 NW AMBASSADOR DRIVE, SUITE 101
KANSAS CITY, MO 64163
Phone: 800-228-4305
Fax: 816-464-3521

Re: Tuberculin use by or under the supervision of a veterinarian

Dear Sir or Madam:

I am writing to confirm that **Tuberculin Mammalian, Human Isolates Intradermic, USDA Code 5301.00, Tradename: Tuberculin OT** will only be used by or under the supervision of:

Dr. _____ who is licensed in the state of _____
(Name of State)
and practices at the following institution:

Name of Institution: _____

Delivery Address
of Institution: _____

Confirmation will be renewed one year later from the date of the signature below.

Sincerely,

Veterinarian
Name: _____

Veterinarian
Signature: _____ Date: _____

Phone: _____ Fax: _____

Please Fax letter to 816-464-3521

TBOT 1009