

General Submission Form



NYS Animal Health Diagnostic Laboratory

College of Veterinary Medicine, Cornell University
 In Partnership with the NYS Dept of Ag & Markets
 US Postal Service Address: PO Box 5786 Ithaca, NY 14852-5786
 Courier Service Address: Upper Tower Rd Ithaca, NY 14853

AHDL Contacts
 Phone: 607-253-3900
 Fax: 607-253-3943
 Web: diaglab.vet.cornell.edu
 E-mail: diaglab@cornell.edu

LAB USE ONLY
AHDL Accession No./ Date _____ Pathology Case Number (if any) _____

PLEASE COMPLETE ALL FIELDS, PRINT LEGIBLY, AND ENTER ONLY ONE OWNER PER FORM

Enter Your Cornell AHDL Acct No. <u>15355</u>	Your Internal Case/Reference No.* _____
Veterinarian _____ Clinic Name _____ Address _____ City, State, Zip _____ Phone Number (_____) _____ Fax Number (_____) _____	Owner _____ Address _____ City, State, Zip _____ Phone Number (_____) _____ County _____ Town _____ NYS Premise ID _____

Add'l instructions: ATTENTION: <input type="checkbox"/> Check here for test results to be faxed ; otherwise, they will be mailed.	Testing purpose, if not clinical: <input type="checkbox"/> Export Country of Destination _____ <input type="checkbox"/> Regulatory Shipper/Exporter _____
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List previous related submissions here: Clinical / Differential Diagnosis: _____

Enter previous *Accession Numbers* with Dates: _____ PLEASE PROVIDE HISTORY

Check if related material has been submitted previously for this animal(s): for this animal(s): Y N Unknown _____
 for this herd: Y N Unknown _____

HISTORY: To qualify for NY State Contract pricing (see the AHDC Test & Fee Schedule), a detailed history *must* be provided.
 **Results for this testing will be made available to Dr. Ruth Heller
 Borderbrook Animal Hosp. Murrysville, PA
 Testing coordinator.

Date of onset of Herd Illness: _____
 in animals submitted: _____
 check here if history is herd size: _____
 continued on back of this No. dead: _____
 page, or add history is attached No. affected: _____

ANIMAL IDENTIFICATION					TYPE/SITE SPECIMEN(S) SUBMITTED	DATE TAKEN	TEST(S) REQUESTED (per animal)
SEX CODES: M=Male, MR=Mare (equine only), MC=Castrated Male, F=Female, SF=Spayed Female	AGE CODES: Y=Years, M=Months, W=Weeks, Days; DOB=Date of Birth	SPECIES	BREED	SEX			
1		Ferret					Canine Distemper SN
2							
3							
4							
5							
6							
7							
8							
9							
0							

Please note: Samples submitted for testing become the property of the Animal Health Diagnostic Laboratory.

LAB USE ONLY OPENED BY: _____	COURIER RECORD: <input type="checkbox"/> AB <input type="checkbox"/> Mail DATE REC'D: _____ <input type="checkbox"/> FX <input type="checkbox"/> Pri Mail TIME REC'D: _____ <input type="checkbox"/> UPS-Grnd <input type="checkbox"/> Exp Mail DATE SHIP'D: _____ <input type="checkbox"/> UPS-ND <input type="checkbox"/> Other: _____	COOLANT RECORD: <input type="checkbox"/> FROZEN <input type="checkbox"/> DRY ICE <input type="checkbox"/> RM TEMP <input type="checkbox"/> NOT FROZEN <input type="checkbox"/> COLD PACK <input type="checkbox"/> COOL <input type="checkbox"/> NONE <input type="checkbox"/> COLD <input type="checkbox"/> COMMENT: _____
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