

ARIZONA VETERINARY DIAGNOSTIC LABORATORY



Department of Veterinary Science and Microbiology
 The University of Arizona
 2831 N. Freeway
 Tucson, AZ 85705-5021
 Phone: (520) 621-2356 Fax: (520) 626-8696
<http://microvet.arizona.edu/AzVDL/index.htm>

(1) For Lab Use Only
Accession #:
Diagnostician:
Courier:
Date received:
Client #

(2)

SPECIMEN RELINQUISHED BY: _____ **Date** _____

(3) Bill to: (check appropriate box) ***** Payment is due upon presentation unless prior arrangements have been made.
 PLEASE NOTE: Owners submitting specimens may not select second-party billing. *****

Veterinarian:	Owner:
Clinic:	
Address:	Address:
City/State/Zip code:	City/State/Zip code:
County:	County:
Phone:	Phone:
Fax:	Fax:
E-Mail:	E-Mail:

Phone Report? Y ___ N ___ Fax? Y ___ N ___ Possible litigation? Y ___ N ___ (4) **SAVE BODY**** Y ___ N ___

****Bodies are released to cremation companies ONLY. Clinic or owner must make PRIOR arrangements directly with cremation company. Possible litigation cases must make their own storage arrangements. AzVDL has no long-term storage facilities and will only hold body for five (5) days, after which our normal disposal procedures will be followed. YOUR SUBMISSION OF SPECIMENS FOR DIAGNOSTIC PURPOSES CONSTITUTES YOUR ACKNOWLEDGEMENT THAT SOME TESTS MAY BE PERFORMED AT OTHER LABORATORIES.**

(5) Species: _____ Breed: _____ Number dead: _____ Number in herd/flock: _____
 Age: _____ Animal Name/ID: _____ Number sick: _____ Duration of illness: _____
 Sex: _____ Date of death(s): _____ Euthanized? Y ___ N ___

1) - 2) - 3) - 4) - 5) - 6) -

(6) Specimens Submitted: _____

(7) Test Requested: _____ (8) **RABIES SUSPECT?** Y ___ N ___ **WNV?** Y ___ N ___

(9) Clinical History:

| | | | |
|---------------|-----------------------|------------|-----------|
| Phone report: | Written report faxed: | Billed: | Pre-paid: |
| | | Completed: | |

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INSTRUCTIONS TO COMPLETE SUBMISSION FORM

1. For laboratory use only – The laboratory will assign an Accession number at the time of sample receipt.
2. The individual dropping the specimen should sign and date in this field
3. Complete this area by providing the requested client information. The final report will be faxed or mailed to this address (unless otherwise noted). Please check appropriate box for billing.
4. Please specify if the body needs to be saved. ****Bodies are released to cremation companies ONLY.** Clinic or owner must make **PRIOR** arrangements directly with a cremation company. Possible litigation cases must make their own storage arrangements. AzVDL has no long-term storage and will only hold body for five days, after which our normal disposal procedures will be followed.
5. Enter animal information
6. Specify specimens submitted and source
7. Specify test or tests required
8. **Please specify if Rabies or WNV suspect. Failure to do so could delay processing of your specimen.**
9. An optional field for clinical history, comments, or descriptions related to the sample.