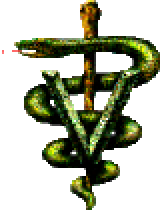


ARIZONA VETERINARY DIAGNOSTIC LABORATORY



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
www.microvet.arizona.edu/AzVDL/index.htm

Shaded Areas For Lab Use Only
Accession #:
Diagnostician:
Courier:
Date received:
Client #

Payment is due upon presentation unless prior arrangements have been made. PLEASE NOTE: Owners submitting specimens may not select second-party billing

Bill to: (check appropriate box)

<input type="checkbox"/> Veterinarian:	<input type="checkbox"/> 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 ___ **Save body**** Y ___ N ___

****Bodies are released to licensed 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.**

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) -			

Specimens Submitted:

PLEASE INDICATE TESTS REQUESTED ON BACK OF FORM. YOUR SUBMISSION OF SPECIMENS FOR DIAGNOSTIC PURPOSES CONSTITUTES YOUR ACKNOWLEDGEMENT THAT SOME TESTS MAY BE PERFORMED AT OTHER ACCREDITED LABORATORIES.

Clinical History:

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

