



General Submission Form

Animal Health Diagnostic Center

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

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

LAB USE ONLY

AHDC Accession No./ Date _____

Pathology Case Number (if any) _____

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

| | |
|---|--|
| Enter Your Cornell AHDC Acct No. _____ Submitting Veterinarian* _____ Clinic Name _____ Address _____ City, State, Zip _____ Phone No. (____) _____ Fax No. (____) _____ Submitting Vet's Signature: _____ | Your Internal Case/Reference No.** _____ Owner _____ Address _____ City, State, Zip _____ Phone Number (____) _____ County _____ Town _____ NYS Premises 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 _____ |
|---|---|

List previous related submissions here: Clinical / Differential Diagnosis: _____
 _____ PLEASE PROVIDE HISTORY

Enter previous *Accession Numbers* with *Dates*: _____

Check if related material has been submitted previously **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.

Date of onset of Herd illness: _____
 In animals submitted: _____
 Check here if history is continued on back of this page, or if add'l history is attached. Herd size: _____
 No. dead: _____
 No. affected: _____

| ANIMAL IDENTIFICATION | | | | | | SPECIMEN SUBMITTED PLEASE INDICATE SAMPLING SITE | DATE TAKEN | TEST(S) REQUESTED (per animal) PLEASE ENTER FULL NAME OF TEST |
|---|-----------------------|---------|-------|-----|---------|--|---------------|---|
| SEX CODES: M=Male, MR=Mare (equine only), MC=Castrated Male, F=Female, SF=Spayed Female AGE CODES: Y=Years, M=Months, W=Weeks, D=Days; DOB=Date of Birth | | | | | | | | |
| NO. | NAME / IDENTIFIER NO. | SPECIES | BREED | SEX | AGE/DOB | | | |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 0 | | | | | | | | |

Comments: _____ List add'l items on 2nd page

PLEASE NOTE: SAMPLES SUBMITTED FOR TESTING BECOME THE PROPERTY OF THE ANIMAL HEALTH DIAGNOSTIC CENTER.
 * The submitting veterinarian is responsible for the requested tests and fees associated with this submission.

Page ___ of ___

| | | |
|---|--|---|
| AHDC USE ONLY OPENED BY: _____ <input type="checkbox"/> DHL <input type="checkbox"/> Mail <input type="checkbox"/> FX <input type="checkbox"/> Pri Mail <input type="checkbox"/> UPS-Grnd <input type="checkbox"/> Exp Mail <input type="checkbox"/> UPS-ND <input type="checkbox"/> Other: _____ | DATE/TIME REC'D: _____ SHIPPED: _____ | <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: _____ |
|---|--|---|