

# 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](http://diaglab.vet.cornell.edu)  
 E-mail: [diaglab@cornell.edu](mailto: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. _____	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 <b>faxed</b> ; otherwise, they will be mailed.	Testing purpose, if not clinical: <input type="checkbox"/> <b>Export</b> Country of Destination _____ <input type="checkbox"/> <b>Regulatory</b> Shipper/Exporter _____
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**Clinical / Differential Diagnosis:** \_\_\_\_\_

**History:** An *adequate history* **must** accompany submissions in order to qualify for NY State Contract charges (see AHDL Test & Fee Schedule).



Date of onset of illness in herd \_\_\_\_\_  
 In animals submitted \_\_\_\_\_  
 Herd size \_\_\_\_\_  
 No. dead \_\_\_\_\_  
 No. affected \_\_\_\_\_

(continue on back of page)

**For previous related submissions, please enter *Accession numbers* and *Dates* here:** \_\_\_\_\_

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

for this herd:  Y  N  Unknown

ANIMAL IDENTIFICATION					TYPE/SITE SPECIMEN(S) SUBMITTED	DATE TAKEN	TEST(S) REQUESTED (per animal)
NAME/NO.	SPECIES	BREED	SEX	AGE/DOB			
1							
2							
3							
4							
5							
6							
7							
8							
9							
0							

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

<b>LAB USE ONLY</b> OPENED BY: _____	<b>COURIER RECORD:</b> <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: _____	<b>COOLANT RECORD:</b> <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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