

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
FedEx/UPS Service Address: 240 Farrier Rd. Ithaca, NY 14853

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

| |
|---------------------------|
| LAB USE ONLY |
| AHDC Accession No. / Date |

PLEASE NOTE: SAMPLES SUBMITTED FOR TESTING BECOME THE PROPERTY OF THE ANIMAL HEALTH DIAGNOSTIC CENTER AND MAY BE TESTED AS PART OF STATE/FEDERAL SURVEILLANCE PROGRAMS

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

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

Check if appropriate **Regulatory** **Export** Country of Destination _____ Shipper/Exporter _____

HISTORY/CLINICAL INFORMATION: Please check all that apply:

| | | | | |
|---|------------------------------------|---------------------------------------|--|---|
| <input type="checkbox"/> Dermatological | <input type="checkbox"/> Fever | <input type="checkbox"/> Neurological | <input type="checkbox"/> Normal | <input type="checkbox"/> Hematological/Hemorrhage |
| <input type="checkbox"/> Abortion/Repro Failure | <input type="checkbox"/> Endocrine | <input type="checkbox"/> Sudden Death | <input type="checkbox"/> Hepatic | <input type="checkbox"/> Gastrointestinal/Diarrhea |
| <input type="checkbox"/> Edema | <input type="checkbox"/> Ocular | <input type="checkbox"/> Neoplasia | <input type="checkbox"/> Urinary/Urogenital | <input type="checkbox"/> Musculoskeletal/Lameness |
| <input type="checkbox"/> Respiratory | <input type="checkbox"/> Anorexia | <input type="checkbox"/> Cardiac | <input type="checkbox"/> Chronic Weight Loss | <input type="checkbox"/> Production/Performance decline |
| | | | <input type="checkbox"/> Erosion/Vesicular | <input type="checkbox"/> Other _____ |

Clinical / Differential Diagnosis: _____

Has related material been submitted previously for this animal(s)/herd: Y N Accession No. _____

Date of onset of Herd illness: _____ In animals submitted: _____ Herd size: _____ No. dead: _____ No. affected: _____

Additional Info / History: A detailed history must be provided to receive NYS contract pricing. Check here if history is continued on back of this page, or if add'l history is attached.

| ANIMAL IDENTIFICATION | | | | | | INDICATE SPECIMEN TYPE AND ANATOMIC LOCATION (if appropriate) | DATE TAKEN | TEST(S) REQUESTED (per animal) ENTER FULL NAME OF TEST |
|-----------------------|-----------------------|---------|-------|-----|-----------|--|---------------|--|
| NO. | NAME / IDENTIFIER NO. | SPECIES | BREED | SEX | AGE / DOB | | | |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |

Comments: _____ check if continuation page included

| | | | | | |
|-----------------------------------|---|--|---|---|--|
| AHDC USE ONLY OPENED BY: _____ | <input type="checkbox"/> FEDEX <input type="checkbox"/> FEDEX-GRND <input type="checkbox"/> UPS-GRND <input type="checkbox"/> UPS-ND | <input type="checkbox"/> MAIL <input type="checkbox"/> PRI MAIL <input type="checkbox"/> EXP MAIL <input type="checkbox"/> OTHER: _____ | DATE REC'D: _____ TIME REC'D: _____ DATE SHIPPED: _____ | <input type="checkbox"/> FROZEN <input type="checkbox"/> RM TEMP <input type="checkbox"/> COOL <input type="checkbox"/> COLD | <input type="checkbox"/> DRY ICE <input type="checkbox"/> COLD PACK <input type="checkbox"/> NONE <input type="checkbox"/> COMMENT: _____ |
|-----------------------------------|---|--|---|---|--|

GENERAL