

INSTRUCTIONS TO COMPLETE SUBMISSION FORM

1. The individual submitting the specimen to the laboratory should date and sign in this field.
2. 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.
3. Please specify if the body needs to be saved for a cremation company. ****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.
4. For necropsy cases, check Yes or No for litigation.
5. Enter animal information. Be as detailed as possible. Please note if the animal is a rabies or West Nile Virus suspect. Rabies cases require a Rabies Suspect Form, please contact the lab.
6. Specify test or tests requested. Please label each container with clinic name, owner and patient name. For Histopathology or Cytology, see section 9.
7. Specify the type of specimens submitted such as slides, fresh or formalin fixed tissues, swab, fluid, etc.
8. Specify the source of the specimen such as liver, spleen, mass, etc.
9. Complete this section for Histopathology and/or Cytology submissions including lesion description. Indicate the lesion location on the diagrams provided.
10. Enter clinical history, comments, or descriptions related to the sample. Be as specific as possible.

Where to obtain Submission Forms:

The current version of our submission form is included in the AZVDL user guide, website: <http://azvdl.arizona.edu>, or call the laboratory at (520) 621-2356 and we will mail, fax, or email a form to you.



ARIZONA VETERINARY DIAGNOSTIC LABORATORY
 COLLEGE OF AGRICULTURE AND LIFE SCIENCES, UNIVERSITY OF ARIZONA
 2831 N. FREEWAY, TUCSON, AZ 85705-5021
 PH: (520) 621-2356 FX: (520) 626-8696
 Website: http://azvdl.arizona.edu

AzVDL
 Use only
 Client #

(1) Date: _____ Specimen Relinquished by: _____
 (2) Bill to: (check appropriate box) * Payment is due at time of submission unless prior arrangements are made

| | |
|--|--|
| <input type="checkbox"/> Veterinarian: | <input type="checkbox"/> Owner: |
| Clinic: | |
| Address: | Address: |
| City/State/Zip code: | City/State/Zip code: |
| Phone: | Phone: |
| Fax: | Fax: |
| E-Mail: | E-Mail: |
| Report: Phone Y__N__ Fax Y__N__ Email Y__N__ | (3)**SAVE BODY Y__N__ (4)POSSIBLE LITIGATION? Y__N__ <small>**contact lab with cremation service choice</small> |

AZVDL USE: __FF__FrT__SS__FO__LTT__RTT__CL__SW__SR__WB__UR__Mk__CSF__AN__FC__FE__PL__WA__XX

(5) Animal Name/ID: _____ WNV? Y__N__ *Rabies Suspect? Y__N__
 Age: _____ Y M W D Species: _____ Euthanized? Y__N__ (*Contact lab for Rabies Suspect Form)
 Sex: Male Female I S N Breed: _____ Date of death(s): _____ Number in herd/flock: _____

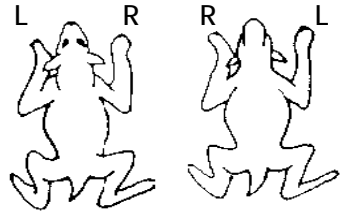
(6) TEST(S) REQUESTED / SPECIAL REQUESTS: ***LABEL EACH CONTAINER – Clinic, owner and patient name**

(7) Specimen(s) Submitted: _____ (8) Source(s) of specimen: _____

(9) HISTOPATHOLOGY STAT CYTOLOGY (ADDITIONAL \$30.00 CHARGE APPLY)

Incisional Endoscopic Aspirate Cytology (masses, cystic lesions, internal organs)
 Excisional Needle Fluid Analysis (pleural/thoracic fluid, peritoneal/abdominal fluid, joint fluid)—EDTA purple top tube
 CSF Analysis--Serum tube only

Please indicate lesion location:
 Dorsal Ventral
 L R R L



Lesion description (size, margins, etc):

(10) Clinical History:

AZVDL USE ONLY: Condition of Specimen: _____ Acceptable _____ Not Acceptable

REPORT: Phone Fax Email on: _____ Billed: _____ Prepaid: _____