



ARIZONA VETERINARY DIAGNOSTIC LABORATORY
COLLEGE OF AGRICULTURE AND LIFE SCIENCES, UNIVERSITY OF ARIZONA
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http://cals.arizona.edu/vdl/website_content/submissionform.pdf

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__ **contact lab with cremation service choice

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

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

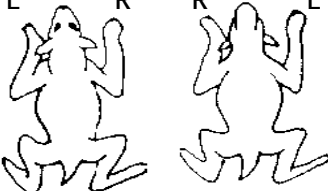
(6) TEST(S) REQUESTED / SPECIAL REQUESTS: ***LABEL EACH CONTAINER – Clinic, owner and patient name**

(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:

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