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 and specify contact information if reporting to second party.

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   Email: azvdl@ag.arizona.edu

A003-F1 AZVDL Submission Form  Rev. 07-2017

(1) Date: ___________________ Specimen Relinquished by: _______________________________________________________

(2) Bill to: (check appropriate box)       * Payment is due at time of submission unless prior arrangements are made

☐ Veterinarian: ☐ Owner:

Clinic: Address:
City/State/Zip code: City/State/Zip code:
Phone: Phone:
Fax: Fax:
E-Mail: E-Mail:

Add a Contact to report? Yes ☐ No ☐
Contact: ____________________________________________________ **contact lab with cremation service choice

Report: Phone Y___ N___ Fax Y___ N___ Email Y___ N___

AZVDL USE: ___FF ___FrT ___SS ___FO ___SW ___FEC ___UR ___CSF ___LTT ___RTT ___SR ___WB ___MLK ___CL ___AN ___FD ___PL ___WA ___XX

Age: _______ Y M W D Species: _____________________________
"Please indicate" 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 – patient / owner / specimen***

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

(10) Clinical History: ____________________________________________

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

REPORT SENT: Phone Fax Email: Billed: Prepaid:

Client #