



Location: 2831 N. Freeway Tucson AZ 85705 Phone: (520) 621-2356 Fax: (520) 626-8696 Email: azvdl@ag.arizona.edu Website: <http://azvdl.arizona.edu>

(1) DATE: _____ Specimen Relinquished by: _____

Financial Responsibility terms: Payment is due at time of submission for owners and new clients. Payment is due upon presentation of statement for established clients. Accounts past due over 30 days will be assessed a finance charge of 1.5%, or a minimum of \$3.00, of the past due balance. Accounts greater than 90 days past due will be referred to a collection agency unless payment arrangements have been established with AZVDL business unit. You will be fully responsible for all collection costs. Agreement to submission of this sample constitutes a contract with AZVDL.

(2) BILL TO: (check appropriate box)

| | |
|---|--|
| <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: | Add a Contact? <input type="checkbox"/> Email: _____ |
| REPORT BY: Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> | |

(3) Animal Name/ID(s): _____ (list multiples on page 2)
 Species: _____ Breed: _____ Age: _____ Y M W D Sex: Male Female I S N

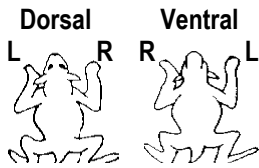
(4) TEST REQUEST(S):

NECROPSY RABIES ONLY **SAVE BODY Y N Date of death(s): _____
 POSSIBLE LITIGATION? Y N **Cremation Company _____
 *RABIES Suspect? Y N *Contact lab for Rabies Suspect Form* Euthanized Y N # in herd/flock _____

HISTOPATHOLOGY CYTOLOGY STAT (\$30.00 additional, must drop off by 2PM)

| | |
|---|---|
| <input type="checkbox"/> Incisional <input type="checkbox"/> Endoscopic | <input type="checkbox"/> Aspirate Cytology (masses, cystic lesions, internal organs) |
| <input type="checkbox"/> Excisional <input type="checkbox"/> Needle | <input type="checkbox"/> Fluid Analysis (pleural/thoracic, peritoneal/abdominal, joint) —EDTA purple top tube |
| | <input type="checkbox"/> CSF Analysis – Serum tube only |

Please indicate lesion location:



Lesion description (size, margins, etc.): _____

OTHER REQUESTS: STAT EIA (\$30.00 additional, must drop off by 2PM)

| Specimen Type | Collection Date | Test Name / Comments: |
|---------------|-----------------|-----------------------|
| | | |
| | | |
| | | |

(5) Clinical History:

(continued on reverse)

FOR AZVDL USE ONLY: Opened by _____ Condition of Specimen: _____ Acceptable _____ Not Acceptable
 # samples received _____ Carrier: Drop off Courier FedEx UPS USPS
 ___ FFT ___ FrT ___ SS ___ FO ___ SW ___ FEC ___ UR ___ CSF ___ LTT ___ RTT ___ SR ___ WB ___ MLK ___ CL ___ AN ___ FE ___ PL ___ WA ___ XX ___ SC

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



(6) Multiple Animal submission:

| # | Animal ID | Age | Sex | Breed | Specimen Type | Test Request / Comments |
|----|-----------|-----|-----|-------|---------------|-------------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | | | | | | |
| 22 | | | | | | |
| 23 | | | | | | |
| 24 | | | | | | |
| 25 | | | | | | |

Additional clinical history/comments:

Attach additional page if more space is needed for clinical history

- The submitter is responsible for all fees associated with this submission. A complete catalog of tests, fees and sample requirements is available at <https://azvdl.arizona.edu>.
- All specimens received become the property of AZVDL and will not be returned unless specific arrangements are made and approved by AZVDL section head. Specimens submitted for regulatory testing belong to the regulatory agency and may not be returned.
- AZVDL receives the right to subcontract any work required to complete testing and will be indicated as such on the laboratory report.
- Biohazards: The laboratory retains the right to refuse any sample that may pose a risk of infection or other danger to AZVDL personnel. No human samples will be accepted.
- Per the Federal and State authorities, the AZVDL does not accept out of date tubes for any Federal or State regulatory testing (EIA, Brucellosis, etc)