



AZVDL USE ONLY Client ID

Location: 2831 N. Freeway Tucson AZ 85705 Phone: (520) 621-2356 Fax: (520) 626-8696 Email: CVM-AZVDL@arizona.edu Website: https://azvdl.arizona.edu

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.

BILL TO: (check appropriate box)

Form with checkboxes for Veterinarian and Owner, and fields for Clinic, Address, City/State/Zip code, Phone, Fax, E-Mail, and Report By (Phone, Fax, Email).

Animal Name/ID(s): _____ (Multiple animals – list animal information and specimens on page 2)
Species: _____ Breed: _____ Age: _____ Y M W D Sex: Male Female I S N

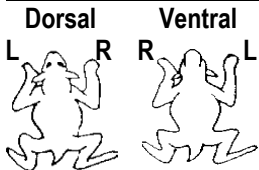
Clinical history: _____

TEST REQUEST(S):

Form with checkboxes for CYTOLOGY, STAT, FLUID ANALYSIS, RESUBMISSION, and CSF ANALYSIS.

Form with checkbox for HISTOPATHOLOGY (surgical biopsy) and options for Incisional, Endoscopic, Excisional, Needle.

Please indicate lesion location:



Source/lesion description (size, margins, etc.): _____

Form with checkboxes for NECROPSY, RABIES ONLY, and options for Save Body, Cremation Company, and Possible Litigation.

**BACTERIOLOGY, MOLECULAR, PARASITOLOGY, SEROLOGY, VIROLOGY TESTS LISTED ON PAGE 2

Form for AZVDL USE ONLY with fields for Carrier, Opened by, Number of samples received, Condition of Specimen(s), and Results reported by.

****OTHER REQUESTS** (Bacteriology, Molecular, Parasitology, Serology, Virology, etc.):

BACTERIOLOGY	MOLECULAR (Cont.)	PARASITOLOGY	VIROLOGY
<input type="checkbox"/> Aerobic Culture	<input type="checkbox"/> Canine Influenza Virus PCR	<input type="checkbox"/> *External Parasite ID (sendout)	<input type="checkbox"/> BHV-1/IBR FA
<input type="checkbox"/> Anaerobic Culture	<input type="checkbox"/> Canine Herpesvirus PCR	<input type="checkbox"/> Fecal Flotation Quantitative	<input type="checkbox"/> Bovine Parainfluenza Type-3 FA
<input type="checkbox"/> Antibiotic Sensitivity	<input type="checkbox"/> Canine Parvovirus	<input type="checkbox"/> Fecal Flotation Qualitative	<input type="checkbox"/> BRSV FA
<input type="checkbox"/> Fungal Culture	<input type="checkbox"/> EEHV PCR	<input type="checkbox"/> <i>Giardia/Cryptosporidium</i> Assay	<input type="checkbox"/> Bovine Viral Diarrhea Virus FA
<input type="checkbox"/> MALDI-TOF Bact ID	<input type="checkbox"/> Equine Herpesvirus Type 1	<input type="checkbox"/> Wet Mount	<input type="checkbox"/> Canine Adenovirus FA
<input type="checkbox"/> MALDI-TOF Fungi ID	<input type="checkbox"/> Equine Herpesvirus Type 1 & 4		<input type="checkbox"/> Canine Distemper Virus IFA
<input type="checkbox"/> Salmonella Culture	<input type="checkbox"/> Equine Influenza Virus PCR		<input type="checkbox"/> Canine Parainfluenza Type-2 FA
MOLECULAR DIAGNOSTICS	<input type="checkbox"/> EHD PCR	SEROLOGY	<input type="checkbox"/> Equine Herpesvirus Type-1 FA
<input type="checkbox"/> Bovine Coronavirus PCR	<input type="checkbox"/> Feline Parvovirus PCR	<input type="checkbox"/> Bovine Leukemia Virus ELISA	<input type="checkbox"/> Feline Leukemia Virus IFA
<input type="checkbox"/> Bovine <i>Cryptosporidium</i>	<input type="checkbox"/> <i>Leptospira spp.</i> PCR	<input type="checkbox"/> Brucellosis Card Test	TOXICOLOGY
<input type="checkbox"/> Bovine Rotavirus PCR	<input type="checkbox"/> Malignant Catarrhal Fever	<input type="checkbox"/> Coccidioides Sp (IgM/IgG)	<input type="checkbox"/> Nitrate (Semi-quantitative)
<input type="checkbox"/> Bovine Enteric Triplex PCR	<input type="checkbox"/> Q Fever PCR assay	<input type="checkbox"/> Equine Infectious Anemia	
<input type="checkbox"/> IBR/BHV-1 PCR	<input type="checkbox"/> SARS Coronavirus-2(Covid 19)	<input type="checkbox"/> STAT EIA (\$30.0 additional per animal, must submit before 2pm)	
<input type="checkbox"/> Bovine Parainfluenza-3 PCR	<input type="checkbox"/> Strangles - <i>Streptococcus</i> Equi	<input type="checkbox"/> <i>Leptospira</i> SPP-6 serovars	
<input type="checkbox"/> Bovine Viral Diarrhea PCR	Tritrichomas PCR	<input type="checkbox"/> Small Ruminant Lentivirus	
<input type="checkbox"/> BVD PCR POOL	USE Trich Submission Form		
<input type="checkbox"/> BRSV PCR	<input type="checkbox"/> Trichomonas and Campylobacter	Other test(s) specify:	
<input type="checkbox"/> Bluetongue Virus PCR	Molecular panels:	_____	
<input type="checkbox"/> <i>Chlamydiaceae</i> Family PCR	<input type="checkbox"/> Bovine Respiratory Panel – Viral	Contact the laboratory for other molecular tests not listed.	
<input type="checkbox"/> <i>Campylobacter F. Venerialis</i>	<input type="checkbox"/> Equine Respiratory Panel PCR		
	<input type="checkbox"/> Equine Hepatitis Panel PCR		

*An additional \$35 S&H fee will be added to tests referred to outside laboratories. Call AZVDL for pricing

MULTIPLE ANIMALS:

If multiple owners, please complete a submission form per owner

#	Animal ID	Age	Sex	Breed	Specimen Type	Test Request / Comments
1						
2						
3						
4						
5						
6						
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20						

- 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>.
- 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)