



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)

☐ Veterinarian:	☐ Owner:
Clinic:	Address:
Address:	City/State/Zip code:
City/State/Zip code:	Phone: Fax:
Phone: Fax:	E-Mail:
Email:	Add a Contact? ☐ Email: _____
REPORT BY: Phone ☐ Fax ☐ Email ☐	

Animal ID	Species/Breed	Age	Sex	Specimen Type

TESTS (Bacteriology, Molecular, Parasitology, Serology, etc.) listed on page 2. | Multiple animals – use page 2

Clinical history: _____

TEST REQUEST(S):

☐ **CYTOLOGY** ☐ **STAT** (\$30.00 addl - must drop off by 2pm) ☐ **RESUBMISSION**

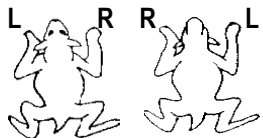
☐ **FLUID ANALYSIS** (pleural/thoracic, peritoneal/abdominal, joint) EDTA purple top tube

☐ **CSF ANALYSIS** – Serum tube only

☐ **HISTOPATHOLOGY (surgical biopsy)** ☐ Incisional ☐ Endoscopic ☐ Excisional ☐ Needle

Please indicate lesion location:

Dorsal Ventral
L R R L



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

☐ **NECROPSY** **RABIES Suspect?** Y ☐ N ☐ (Call lab for Rabies Suspect Form) ☐ **RABIES ONLY**

SAVE BODY Y ☐ N ☐ **Cremation Company** _____ **Euthanized** Y ☐ N ☐

Active legal case? Y ☐ N ☐ **Insurance claim?** Y ☐ N ☐ **Date of death(s):** _____ **# in herd/flock** _____

FOR AZVDL USE ONLY: Carrier: Drop off Courier FedEx UPS USPS

Opened by _____ Number of samples received _____ Condition of Specimen(s): ☐ Acceptable ☐ Not Acceptable

Carcass _____ CSF _____ FEC _____ FFT _____ FrT _____ FO _____ LTT _____ RTT _____ SS _____ SR _____ SW _____ UR _____ WB _____ Other (specify) _____

Results reported by: ☐ Phone ☐ Fax ☐ Email ☐ Mail Amount Billed: _____ Prepaid: _____

TEST REQUEST(S): (Bacteriology, Molecular, Parasitology, Serology, etc.)

BACTERIOLOGY	MOLECULAR (Cont.)	MOLECULAR PANELS	PARASITOLOGY
☐ Aerobic Culture ☐ Anaerobic Culture ☐ Antibiotic Sensitivity ☐ Fungal Culture ☐ MALDI-TOF Bact ID ☐ MALDI-TOF Fungi ID ☐ Salmonella Culture	☐ <i>Campylobacter F. Venerialis</i> ☐ <i>Chlamydiaceae</i> Family PCR ☐ Canine Influenza Virus PCR ☐ Canine Herpesvirus PCR ☐ Canine Parvovirus PCR ☐ EEHV PCR ☐ Equine Herpesvirus Type 1 ☐ Equine Herpesvirus Type 1 & 4 ☐ Equine Influenza Virus PCR ☐ EHD PCR ☐ Feline Parvovirus PCR ☐ <i>Leptospira spp.</i> PCR ☐ <i>Neospora caninum</i> PCR ☐ Q Fever PCR assay ☐ SARS Coronavirus-2(Covid 19) ☐ Strangles - <i>Streptococcus</i> Equi ☐ Trichomonas and Campylobacter Tritrichomas PCR USE Trich Submission Form ☐ West Nile Virus PCR	☐ Bovine Resp. Panel – Viral ☐ Canine Resp. Panel (9 pathogens) ☐ Canine Resp. Panel 1 ☐ Canine Resp. Panel 2 ☐ Canine Resp. Panel 3 ☐ Equine Respiratory Panel PCR ☐ Equine Hepatitis Panel PCR ☐ Poultry Resp. Panel PCR ☐ Poultry – Mycoplasma Duplex	☐ External Parasite ID (sendout) ☐ Internal Parasite ID (sendout) ☐ Fecal Flotation Qualitative ☐ Fecal Flotation Quantitative ☐ Wet Mount SEROLOGY ☐ Bovine Leukemia Virus ELISA ☐ Brucellosis Card Test ☐ Coccidioides Sp (IgM/IgG) ☐ Equine Infectious Anemia ☐ STAT EIA (\$30.00 addl) (Must submit before 12pm) ☐ Small Ruminant Lentivirus
MOLECULAR DIAGNOSTICS			
☐ Bovine Coronavirus PCR ☐ Bovine Cryptosporidium ☐ Bovine Rotavirus PCR ☐ Bovine Enteric Triplex PCR ☐ IBR/BHV-1 PCR ☐ Bovine Parainfluenza-3 PCR ☐ Bovine Viral Diarrhea PCR ☐ BVD PCR POOL ☐ BRSV PCR ☐ Bluetongue Virus PCR			
		Other test(s) specify: \$35.00 S&H fee will apply to tests referred to outside laboratories	

MULTIPLE ANIMALS:

If multiple owners, please complete a submission form per owner

#	Animal ID	Age	Sex	Species/Breed	Specimen Type	Comment(s)
1						
2						
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- 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)