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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)**

|                                                                                                       |                                                      |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> <b>Veterinarian:</b>                                                         | <input type="checkbox"/> <b>Owner:</b>               |
| Clinic:                                                                                               | Address:                                             |
| Address:                                                                                              | City/State/Zip code:                                 |
| City/State/Zip code:                                                                                  | Phone: Fax:                                          |
| Phone: Fax:                                                                                           | E-Mail:                                              |
| Email:                                                                                                | Add a Contact? <input type="checkbox"/> Email: _____ |
| REPORT BY: Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> |                                                      |

| 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**

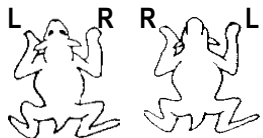
☐ **FLUID ANALYSIS** (pleural/thoracic, peritoneal/abdominal, joint) EDTA purple top tube

☐ **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                                            |
|-------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Aerobic Culture        | <input type="checkbox"/> <i>Campylobacter F. Venerialis</i>    | <input type="checkbox"/> Bovine Resp. Panel – Viral       | <input type="checkbox"/> External Parasite ID (sendout) |
| <input type="checkbox"/> Anaerobic Culture      | <input type="checkbox"/> <i>Chlamydiaceae</i> Family PCR       | <input type="checkbox"/> Canine Resp. Panel (9 pathogens) | <input type="checkbox"/> Internal Parasite ID (sendout) |
| <input type="checkbox"/> Antibiotic Sensitivity | <input type="checkbox"/> Canine Influenza Virus PCR            | <input type="checkbox"/> Canine Resp. Panel 1             | <input type="checkbox"/> Fecal Flotation Qualitative    |
| <input type="checkbox"/> Fungal Culture         | <input type="checkbox"/> Canine Herpesvirus PCR                | <input type="checkbox"/> Canine Resp. Panel 2             | <input type="checkbox"/> Fecal Flotation Quantitative   |
| <input type="checkbox"/> MALDI-TOF Bact ID      | <input type="checkbox"/> Canine Parvovirus PCR                 | <input type="checkbox"/> Canine Resp. Panel 3             | <input type="checkbox"/> Wet Mount                      |
| <input type="checkbox"/> MALDI-TOF Fungi ID     | <input type="checkbox"/> EEHV PCR                              | <input type="checkbox"/> Equine Respiratory Panel PCR     |                                                         |
| <input type="checkbox"/> Salmonella Culture     | <input type="checkbox"/> Equine Herpesvirus Type 1             | <input type="checkbox"/> Equine Hepatitis Panel PCR       |                                                         |
|                                                 | <input type="checkbox"/> Equine Herpesvirus Type 1 & 4         | <input type="checkbox"/> Poultry Resp. Panel PCR          |                                                         |
|                                                 | <input type="checkbox"/> Equine Influenza Virus PCR            | <input type="checkbox"/> Poultry – Mycoplasma Duplex      |                                                         |
|                                                 | <input type="checkbox"/> EHD PCR                               |                                                           |                                                         |
|                                                 | <input type="checkbox"/> Feline Parvovirus PCR                 |                                                           |                                                         |
|                                                 | <input type="checkbox"/> <i>Leptospira spp.</i> PCR            |                                                           |                                                         |
|                                                 | <input type="checkbox"/> <i>Neospora caninum</i> PCR           |                                                           |                                                         |
|                                                 | <input type="checkbox"/> Q Fever PCR assay                     |                                                           |                                                         |
|                                                 | <input type="checkbox"/> SARS Coronavirus-2(Covid 19)          |                                                           |                                                         |
|                                                 | <input type="checkbox"/> Strangles - <i>Streptococcus</i> Equi |                                                           |                                                         |
|                                                 | <input type="checkbox"/> Trichomonas and Campylobacter         |                                                           |                                                         |
|                                                 | <b>Tritrichomas PCR</b>                                        |                                                           |                                                         |
|                                                 | <b>USE Trich Submission Form</b>                               |                                                           |                                                         |
|                                                 | <input type="checkbox"/> West Nile Virus PCR                   |                                                           |                                                         |

| MOLECULAR DIAGNOSTICS                               | SEROLOGY                                                |
|-----------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Bovine Coronavirus PCR     | <input type="checkbox"/> Bovine Leukemia Virus ELISA    |
| <input type="checkbox"/> Bovine Cryptosporidium     | <input type="checkbox"/> Brucellosis Card Test          |
| <input type="checkbox"/> Bovine Rotavirus PCR       | <input type="checkbox"/> Coccidioides Sp (IgM/IgG)      |
| <input type="checkbox"/> Bovine Enteric Triplex PCR | <input type="checkbox"/> Equine Infectious Anemia       |
| <input type="checkbox"/> IBR/BHV-1 PCR              | <input type="checkbox"/> <b>STAT EIA</b> (\$30.00 addl) |
| <input type="checkbox"/> Bovine Parainfluenza-3 PCR | (Must submit before 12pm)                               |
| <input type="checkbox"/> Bovine Viral Diarrhea PCR  | <input type="checkbox"/> Small Ruminant Lentivirus      |
| <input type="checkbox"/> BVD PCR POOL               |                                                         |
| <input type="checkbox"/> BRSV PCR                   |                                                         |
| <input type="checkbox"/> Bluetongue Virus PCR       |                                                         |

**Other test(s) specify:**

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\$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  |           |     |     |               |               |            |
| 3  |           |     |     |               |               |            |
| 4  |           |     |     |               |               |            |
| 5  |           |     |     |               |               |            |
| 6  |           |     |     |               |               |            |
| 7  |           |     |     |               |               |            |
| 8  |           |     |     |               |               |            |
| 9  |           |     |     |               |               |            |
| 10 |           |     |     |               |               |            |
| 11 |           |     |     |               |               |            |
| 12 |           |     |     |               |               |            |
| 13 |           |     |     |               |               |            |
| 14 |           |     |     |               |               |            |
| 15 |           |     |     |               |               |            |
| 16 |           |     |     |               |               |            |
| 17 |           |     |     |               |               |            |
| 18 |           |     |     |               |               |            |
| 19 |           |     |     |               |               |            |
| 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)