



Arizona Veterinary Diagnostic Laboratory

AZVDL
USE ONLY
Client ID

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)

Veterinarian: _____ Owner: _____

Clinic:	Address:
Address:	City/State/Zip code:
City/State/Zip code:	Phone:
Phone:	Fax:
Fax:	E-Mail:
E-Mail:	Add a Contact to Report? <input type="checkbox"/>

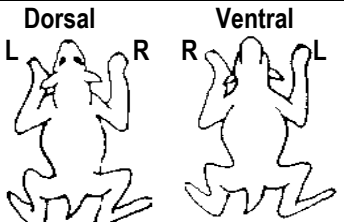
REPORT BY: Phone Fax Email Contact Email: _____

(3) Animal Name/ID: _____	WNV Y <input type="checkbox"/> N <input type="checkbox"/>	Number in herd/flock: _____
Age: _____	Euthanized Y <input type="checkbox"/> N <input type="checkbox"/>	Date of death(s): _____
please indicate the age	Species: _____	
Sex: _____	Breed: _____	

(4) ***LABEL EACH CONTAINER – patient / owner / specimen***
SPECIMEN(S) Submitted: _____ SOURCE of specimen: _____

(5) TEST(S) REQUESTED:
NECROPSY **SAVE BODY Y N ***contact lab with cremation service choice RABIES ONLY
POSSIBLE LITIGATION? Y N ***RABIES Suspect? Y N ***Contact lab for Rabies Suspect Form
OTHER SPECIFY TEST(S): _____

(6) HISTOPATHOLOGY STAT CYTOLOGY (ADDITIONAL \$30.00 CHARGE APPLY)
 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

Please indicate lesion location:
Dorsal Ventral
L R R L
 Lesion description (size, margins, etc.): _____

(7) Clinical History: _____

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