



Animal Disease Diagnostic Laboratory
 8995 East Main Street
 Reynoldsburg, Ohio 43068
 Phone: (614) 728-6220
 Fax: (614) 728-6310

ADDL SAMPLE SUBMISSION FORM

Vet License # _____ Clinic Premises # _____
 Date collected _____ Date shipped _____
 Submitter's Name _____
 Clinic Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____

Premises # _____
 Owner's Name _____
 Farm Name _____
 Address _____
 City _____ State _____ Zip _____
 County _____
 Phone _____ FAX _____
 Bill will be sent to the clinic.

RESULTS

Email Address _____
 FAX _____
 Mail _____

Diagnostic sample
 Export sample Country : _____

Program sample: PRV Brucella NPPI Johne's EIA (EIA requests must be accompanied by form 0251) CWD

Cattle Cat Herd/Flock ID _____ Grower House # _____ Layer/Finisher # _____
 Horse Turkey
 Swine Chicken Epidemiologic Info: # in herd/flock _____ # in group _____ # sick _____ # dead _____
 Sheep Psittacine
 Goat Ratite Date died _____ Euth? Yes No Abortion: trimester _____ Age of Dam _____
 Dog Other: _____

History (clinical signs, nutrition, housing, vaccination, treatments, production level, related accessions, etc.): _____

(Continue on back if necessary)

Disease(s) or condition(s) suspected: _____ Request antimicrobial susceptibility on bacterial pathogens.
 I authorize the ADDL to use discretion to perform appropriate tests.

Sample Data:

NO.	ANIMAL ID	BREED	SEX	AGE	QTY	SPECIMEN	TEST(S) REQUESTED

I certify that I have collected these samples and officially identified the animals indicated.

History (continued on Page 2)

 Signature of Licensed Veterinarian

Accredited

