Ohio Department of Agriculture
ADDL
ANIMAL DISEASE DIAGNOSTIC LABORATORY

Animal Disease Diagnostic Laboratory
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DIVISION USE ONLY	
FORM #:	ADDL/CAL 026C
REVISION:	December, 2007
# PAGES:	Two (2)
ACCOUNT #:	

ADDL SAMPLE SUBMISSION FORM

Date collected_____ **Date shipped**_____
Submitter's Name_____
Clinic Name_____
Address_____
City_____ State_____ Zip_____
Phone_____ FAX_____
Vet License #_____ ADDL Client #_____

Owner's Name_____
Farm Name_____
Address_____
City_____ State_____ Zip_____
County_____
Phone_____ FAX_____
Bill will be sent to the clinic.

❒ FAX results ❒ Diagnostic sample ❒ Export sample Country : _____ ❒ Scrapie
Program sample: ❒ PRV ❒ Brucella ❒ NPIP ❒ Johne's ❒ EIA (EIA requests must be accompanied by form 0251) ❒ CWD

❒ Cattle ❒ Cat
❒ Horse ❒ Turkey
❒ Swine ❒ Chicken
❒ Sheep ❒ Psittacine
❒ Goat ❒ Ratite
❒ Dog ❒ Other: _____

Herd/Flock ID_____ Grower House #_____ Layer/Finisher # _____

Epidemiologic Info: # in herd/flock_____ # in group_____ # sick_____ # dead _____

Date died _____ Euth? ❒Yes ❒No Abortion: trimester_____ Age of Dam _____

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.

Sample Data:

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

5/99

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

_____
Signature of Licensed Veterinarian ❒ **Accredited**

History (continued on Page 2)

(Please use for multiple animal submissions) Owner _____

Sample Data:

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

Additional Comments / Notes:

_____

_____

_____

_____

_____

_____

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

_____

(Use as many pages as necessary) **Signature of Licensed Veterinarian** ☐ **Accredited**