

NORTH CAROLINA VETERINARY DIAGNOSTIC LABORATORY SYSTEM



For Laboratory Use Only

GENERAL SUBMISSION FORM

(Not for Surgical Biopsy/Cytology/Avian Specimens – Use Biopsy Submission or Avian Submission Form)

Date received: _____ **Time received:** _____ **Staff initials:** _____ **Coolant record:** *Frozen Cold pack None* **Number of Samples:** _____
Delivery: *UPS FEDEX Overnight drop off Hand delivery (name)* _____ **Sample condition:** *Good Broken Leaked Crushed*
Comments: _____ **Payment:** *Billed Paid (\$ _____)*
Received: _____ **For Lab Use Only**

Account #: _____ <input type="checkbox"/> Bill to Clinic name/company: _____ Veterinarian/contact: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ E-mail: _____ Send final results by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> On-line only	Owner: _____ <input type="checkbox"/> Bill to Farm name: _____ Location: _____ Address: _____ City: _____ State: _____ Zip: _____ County: _____ Premise ID: _____ Phone (Home): _____ Cell/Work: _____ Fax: _____ Email: _____ Send final results by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail
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Pre-Arranged Private Crematory Services _____

Animal/Specimen Information

Species: _____ **Sample collection date:** _____ **Shipment date:** _____

Sex code: M = Male, NM = Castrated Male, F = Female, NF = Spayed Female, U = Unknown Age Code: y = years, m = months, w = weeks, d = days

Tube #	Specimen/ Animal ID/Name	Breed	Sex	Age	Color	Please list – Specimen	Tests requested

(Continue on back if necessary)

Bacterial/Fungal Culture Submissions: Bacterial antimicrobial susceptibility must be requested. Please specify if a specific microorganism is being sought. (i.e. *Listeria*, *Mycoplasma*, *Bartonella*, *Clostridium*, *E. coli*)

Necropsy Submission: Natural death Euthanasia **Date and time of death/euthanasia:** _____ Rabies Testing

History and/or postmortem findings: _____

Treatments: _____ (Continue on back if necessary)

Tentative or differential diagnoses: _____

Is there a previous submission for this problem: Yes No If yes, give case number _____

****Brucella/Pseudorabies Serology Submission MUST also include official forms
Brucella – VS Form 4-33; Pseudorabies/Swine Brucella – Swine Test Chart**

Rollins Laboratory FedEx/UPS: 2101 Blue Ridge Rd. Raleigh, NC 27607 US Mail: 1031 Mail Service Center Raleigh, NC 27699-1031 Phone: (919) 733-3986 Fax: (919) 733-0454	Western Laboratory (Arden) FedEx/UPS: 785 Airport Rd. Fletcher, NC 28732 US Mail: PO Box 279 Arden, NC 28704 Phone: (828) 684-8188 Fax: (828) 687-3574	Northwestern Laboratory FedEx/UPS: 1689 N. Bridge St. Elkin, NC 28621 US Mail: 1689 N. Bridge St. Elkin, NC 28621 Phone: (336) 526-2499 Fax: (336) 526-2603	Griffin Laboratory FedEx/UPS: 401 Quarry Rd. Monroe, NC 28112 US Mail: 401 Quarry Rd. Monroe, NC 28112 Phone: (704) 289-6448 Fax: (704) 283-9660
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This submission form is a legal binding contract between NCVDLs and the submitter. All fees incurred are the responsibility of the submitter

Please Note: Specimens submitted for testing become the property of NCVDLs

