

**NORTH CAROLINA VETERINARY
DIAGNOSTIC LABORATORY SYSTEM**

GENERAL SUBMISSION FORM

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



For Laboratory Use Only

Date received: _____ Time received: _____ Staff initials: _____ Coolant status: Frozen Cold Warm None Number of Samples: _____
 Delivery: UPS FEDEX Overnight drop off Hand delivery (name) _____ Sample condition: Broken Leaked Crushed
 Payment: Billed Paid (\$ _____)
 Check #: _____ Auth #: _____
 Received : _____ Receipt #: _____

For Lab Use Only

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

Private Cremation: No Yes Name of Crematory _____

Animal/Specimen/Test Information

For multiple samples please ensure that 'tests requested' is complete and specific for each sample.

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: 4400 Reedy Creek 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: 785 Airport Rd.
 Fletcher, NC 28732
 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

This submission form is a legal binding contract between NCVDLS and the submitter. All fees incurred are the responsibility of the submitter. When testing is outsourced to another diagnostic laboratory, submission information is shared with that laboratory.

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

NORTH CAROLINA VETERINARY DIAGNOSTIC LABORATORY SYSTEM

GENERAL SUBMISSION FORM (continuation form)

History cont'd _____

Animal/Specimen Information (cont'd)

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

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