

# 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 #: \_\_\_\_\_ ☐ Bill to  
 Clinic name/company: \_\_\_\_\_  
 Veterinarian/contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Send results by: ☐ Fax ☐ Email ☐ Mail

Owner: \_\_\_\_\_ ☐ Bill to  
 Farm name: \_\_\_\_\_ Location: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 County: \_\_\_\_\_ Premise ID: \_\_\_\_\_  
 Phone (Home): \_\_\_\_\_ Cell/Work: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Send results by: ☐ Fax ☐ Email ☐ 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**

**GENERAL SUBMISSION FORM (continuation form)**

History cont'd \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[illegible]

***Please Note: Specimens submitted for testing become the property of NCVDL***