

# 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 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 #:** \_\_\_\_\_ **For Lab Use Only**  
**Received :** \_\_\_\_\_ **Receipt #:** \_\_\_\_\_

Account #: _____ <input type="checkbox"/> Bill to Clinic name/company: _____ Veterinarian/contact: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ E-mail: _____ Send results by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail	Owner: _____ <input type="checkbox"/> Bill to Farm name: _____ Location: _____ Address: _____ City: _____ State: _____ Zip: _____ County: _____ Premise ID: _____ Phone (Home): _____ Cell/Work: _____ Fax: _____ Email: _____ Send results by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail
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**Private Cremation:**  No  Yes **Name of Crematory** \_\_\_\_\_

### 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**

<b>Rollins Laboratory</b> 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	<b>Western Laboratory (Arden)</b> FedEx/UPS: 785 Airport Rd. Fletcher, NC 28732 US Mail: 785 Airport Rd. Fletcher, NC 28732 Phone: (828) 684-8188 Fax: (828) 687-3574	<b>Northwestern Laboratory</b> 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	<b>Griffin Laboratory</b> 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**

