

VETERINARY DIAGNOSTIC LABORATORY

Arkansas Livestock & Poultry Commission
 #1 Natural Resources Drive, Little Rock, AR 72205
Phone: 501-823-1730 Fax: 501-907-2410
<http://www.aad.arkansas.gov>

OFFICE USE ONLY	
Case # _____	
Coordinator _____	

Collection Date & Time _____ Submittal Date _____

Owner _____	Veterinarian _____
Farm/Business _____	Clinic _____
Address _____	_____ (City) _____ (State) _____ (Zip)
Address _____	Phone (_____) _____ (City) _____ (State) _____ (Zip)
Phone (_____) _____ (City) _____ (State) _____ (Zip)	FAX (_____) _____
E-mail _____	Email _____

Results by (circle one): WebSuite Email FAX
 ALPC may subcontract work that can not be completed in-house. Subcontracted work will be noted as such in the laboratory report.

Animal or Specimen ID _____ (Use back of form for multiple animals or specimens)

Species _____ **Breed** _____ **Age** _____ Yrs/Mos/Wks/Days **Gender:** Male/Female **Altered?** Yes/No

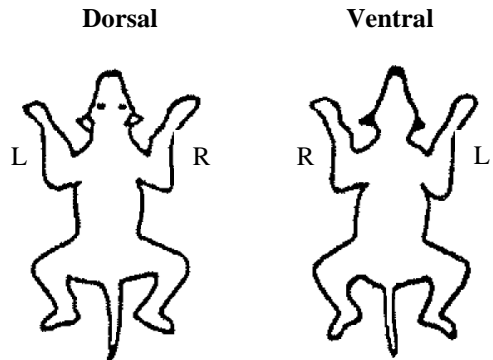
No. in Herd/Flock _____ **No. in Group** _____ **No. Sick** _____ **No. Dead** _____ **Date Died** _____ **Euthanized?** Yes/No

Symptoms and Duration _____

Treatment & Previous Testing Results _____

Select Agent/Zoonotic Disease Suspect? **Yes / No**
Rabies, Anthrax, Tularemia, Brucellosis, etc.
You MUST circle either 'Yes' or 'No' to avoid delayed processing.

Description of Lesions (size, color, consistency, location; mark "X" on diagram if biopsy site)



Was the entire lesion submitted? Yes/No
 (Consult website or guide book for a complete list of available tests and recommendations for sample submission)

- Necropsy
 Histopathology
 Cytology
 Fluid Analysis with Cytology
 ADDITIONAL TESTS ON BACK
 (CSF, Thoracic, Peritoneal or Synovial)

SPECIMENS SUBMITTED

(Please indicate whether tissues are fresh or formalized).				(Please indicate number of each specimen submitted).			
Fresh	Fixed	Fresh	Fixed	_____	_____	_____	_____
___ Liver	<input type="checkbox"/> <input type="checkbox"/>	___ Tumor	<input type="checkbox"/> <input type="checkbox"/>	___ Serum	_____	___ Smear (Site)	_____
___ Kidney	<input type="checkbox"/> <input type="checkbox"/>	(Site) _____		___ Blood	_____	___ Aspirate (Site)	_____
___ Spleen	<input type="checkbox"/> <input type="checkbox"/>	___ Skin	<input type="checkbox"/> <input type="checkbox"/>	___ EDTA	_____	___ Fluid (Site)	_____
___ Lung	<input type="checkbox"/> <input type="checkbox"/>	(Site) _____		___ Heparin	_____	___ Swab (Site)	_____
___ Heart	<input type="checkbox"/> <input type="checkbox"/>	___ Lymph Node	<input type="checkbox"/> <input type="checkbox"/>	___ Sodium Citrate	_____	___ Feed (Type)	_____
___ Brain	<input type="checkbox"/> <input type="checkbox"/>	(Site) _____		___ Plasma	_____	___ Hair (Site)	_____
___ Intestine	<input type="checkbox"/> <input type="checkbox"/>	___ GI tract	<input type="checkbox"/> <input type="checkbox"/>	___ Eye Fluid	_____	___ Ear Notch	_____
___ Colon	<input type="checkbox"/> <input type="checkbox"/>	(Site) _____		___ Feces	_____	___ Trich. Pouch	_____
___ Placenta	<input type="checkbox"/> <input type="checkbox"/>	___ Other	<input type="checkbox"/> <input type="checkbox"/>	___ Urine	_____	___ Fetus (Trimester)	_____
				<input type="checkbox"/> Catheter	<input type="checkbox"/> Free Catch	___ Stomach/Rumen Contents	_____
				<input type="checkbox"/> Cystocentesis		___ Other	_____

For Office Use ONLY. Sample receipt notes
 On cold pack
 On dry ice
 Other _____

