



Arkansas Veterinary Diagnostic Laboratory

1 Natural Resources Dr. Little Rock, AR 72205
Phone: 501-823-1730 Fax: 501-907-2410
www.agriculture.arkansas.gov

LAB USE ONLY

Coordinator: _____

RESPONSIBLE PARTY

Bill to Vet/Clinic Owner Pre-Pay

ZOONOTIC SUSPECT?

Agent _____

Sample Collection Date/Time _____ Sample Submission Date _____

Veterinarian _____ Vet Clinic/City _____

Owner Name(s) _____

Submitter Address/City/State/Zip _____

Submitter Phone _____ Submitter Fax _____

Submitter Email _____

Results by: WebSuite Email Fax

Animal Name/ID (list additional on back of page) _____

Age ____ y / m / w / d Fetus Female Male Spayed/Neutered Date Died _____ Euthanized

Species Canine Feline Bovine Porcine Equine Avian Breed _____
 Caprine Ovine Wildlife Other _____

Specimen(s): Please indicate quantity and type of all specimens submitted.

_____ Serum Gel Separator Tube Non-Gel Tube

_____ Plasma EDTA (Purple Top) Lithium Heparin (Green Top)

_____ Whole Blood EDTA (Purple Top) Lithium Heparin (Green Top)

_____ Urine Free Catch Cystocentesis Catheter

_____ Swab Site _____

_____ Fluid Type/Site _____

_____ Feces _____ Trich Pouch _____ Ear Notch _____ GI/Stomach/Rumen Content _____ Feed

_____ Animal Remains for Necropsy (If submitting a companion animal, please fill out the [Pet Loss Form](#))

_____ Tissue Fresh Fixed Tissue Type Liver Kidney Spleen Lung Intestine Heart
 Brain Colon Placenta Skin Tumor _____

Surgical Biopsy Site _____ Description of Lesion _____

Test(s) Requested _____

See [AR VDL website](#) for current [List of Tests and Fees](#) and [Sample Submission Guidelines](#).

Please provide relevant clinical history on the back of this form.

The submission form represents a contract between you and the laboratory. It must be filled out completely, legibly, and accurately. By filling out a submission form and submitting it to the lab, you represent that (i) you are authorized to enter into an agreement to have the designated services performed, (ii) you are the owner of the specimens submitted, or an authorized agent of the owner, and that you are transferring ownership of the samples to the lab, and (iii) that you will pay for the services rendered.

Signature _____ Printed Name _____

See [AR VDL website](#) for current [List of Tests and Fees](#) and [Sample Submission Guidelines](#).

Please provide relevant clinical history here.

LAB USE ONLY

Checked In _____ **Accessioned** _____

Carrier **C** **XC** **F** **U** **M** **D**

Cold Pack Dry Ice Ambient

Specimen Condition Acceptable Damaged Leaking Distended Unlabeled

Cool Frozen Warm Expired