Arkansas Veterinary Diagnostic Laboratory

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

Sample Collection Date/Time _____   **Sample Submission Date** _____

Veterinarian _____   Vet Clinic/City _____

Owner Name(s) _____

Owner Address/City/State/Zip _____

Owner Phone _____   Owner Fax _____

Owner Email _____   Owner County _____

Billing   □ Vet Clinic   □ Owner

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

□ Caprine   □ Ovine   □ Wildlife   □ Other _____

Breed _____

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   □ Stones

_____ **Swab**   Site _____   _____ **Other Sample Type**

_____ **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 _____

PLEASE PROVIDE RELEVANT CLINICAL HISTORY ON THE <u>BACK</u> OF THIS FORM.

See **AR VDL website** for current **List of Tests and Fees** and **Sample Submission Guidelines**.

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 _____

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	