



Arkansas Veterinary Diagnostic Laboratory  
 1 Natural Resources Drive  
 Little Rock, AR 72205  
 (501) 823-1730 | Fax: (501) 907-2410  
 agriculture.arkansas.gov

LAB USE ONLY
Coordinator: _____

**Sample Collection Date/Time** \_\_\_\_\_ **Sample Submission Date** \_\_\_\_\_

Veterinarian \_\_\_\_\_ Vet Clinic Phone \_\_\_\_\_

Vet Clinic Name and City \_\_\_\_\_

Owner Name \_\_\_\_\_ Owner Phone \_\_\_\_\_

Owner Address/City/State/Zip \_\_\_\_\_

Owner Email \_\_\_\_\_ Owner County \_\_\_\_\_

Billing  Vet Clinic  Owner Account Number \_\_\_\_\_

**Animal Name/ID** *(List additional on back of page)* \_\_\_\_\_

Animal Age \_\_\_\_\_  Fetus/Neonate  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/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** \_\_\_\_\_

**Test(s) Requested:** \_\_\_\_\_

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

See our [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.

Contact Name (*Print*)

Signature

Date (*mm/dd/yy*)

Digitally signing this document constitutes your acceptance of this agreement.

**PLEASE PROVIDE DESCRIPTION OF LESION(S) AND RELEVANT CLINICAL HISTORY.**

**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