



TVMDL Submission form

Revision: 4

All samples submitted to TVMDL for testing become the property of the agency and may be tested as part of state/federal surveillance programs, utilized for research purposes and/or development of new assays. TVMDL is unable to return samples to the client unless prior arrangements are made and approved by the agency Director or designee.

<p align="center">College Station Lab</p> <p>PO Drawer 3040 1 Sippel Rd College Station TX 77841 College Station TX 77843 Ph: 979-845-3414 Ph: 888-646-5623 Fax: 979-845-1794</p>	<p align="center">Amarillo Lab</p> <p>PO Box 3200 6610 Amarillo Blvd West Amarillo TX 79116 Amarillo TX 79106 Ph: 806-353-7478 Ph: 888-646-5624 Fax: 806-359-0636</p>	<p>Accession # _____</p> <p>Client PO # _____</p> <p>Assignments _____</p> <p>Opened By _____</p> <p>Carrier _____</p> <p>Date Shipped _____</p> <p>Comment _____</p>
<p>Owner _____</p> <p>Research Agreement # _____</p> <p>Address _____</p> <p>City _____</p> <p>State _____ Zip _____</p> <p>E-mail _____</p> <p>Phone # [] _____</p> <p>Fax # [] _____</p>	<p align="center">*** Information Below REQUIRED ***</p> <p>ACCOUNT # _____</p> <p>Clinic _____</p> <p>Address _____</p> <p>City _____</p> <p>State _____ Zip _____</p> <p>E-mail _____</p> <p>Phone # [] _____</p> <p>Fax # [] _____</p>	

DVM

A signature of an accredited veterinarian must be provided

Signature : _____ **for release of results on regulatory disease tests.**

Animal IDs

List Multiples Below

Check One Bovine Equine Porcine Caprine Ovine Canine Feline Avian Zoo/Wildlife Non-Animal Specimen

Sex: M F M-cast F-spay **Breed** _____ **Age:** _____ Yr Mo Day Fetus **Weight :** _____ Lb Kg **Check One**

Test(s) Requested : For a complete list of tests see the website at <http://tvmdl.tamu.edu/>:

Check for Gross Necropsy only EXPORT CASE Yes Legal/Insured? Yes

Specimens Submitted: _____

If biopsy, was entire lesion submitted? Yes No

Clinical History (Please print) - (Clinical signs, Nutrition, Management, Environment, Vaccinations, Treatment, etc.)

Reporting individual animal results requires ID NUMBERS to be LISTED HERE or on an attached sheet.

Specimen Collection Date: _____ **Previous TVMDL Case #:** _____

Clinical Diagnosis: _____

****Results by:** E-Mail Fax (Check One)

An accession fee of \$6.00 is charged on all submissions.



TVMDL USE ONLY:

Large CRF Fee

Large Box

Large Styrofoam

Small CRF Fee

Small Box

CLINICAL HISTORY (continued):

Treatment and date administered: Antibiotics - [] Steroids - [] Fluids - [] Dewormer - []

NECROPSY RECORD

1. External Exam

2. Respiratory System

3. Circulatory System

4. Digestive System

5. Urogenital System

6. Lymphatic System

7. Endocrine System

8. Musculoskeletal System

9. Nervous System

10. Necropsy Diagnosis

Send me the following Supplies: Indicated quantity. (Prices may change without prior notice)

Small DOT Shipping Boxes (\$40.00 for case of 10) _____

Prepaid Postage Labels _____

Large DOT Shipping Boxes (\$12.00 each) _____

2 of TVMDL Submission Forms _____