

# TVMDL Submission Form Guide

The Texas A&M Veterinary Medical Diagnostic Laboratory (TVMDL) aims to provide clients with timely and accurate diagnostic testing services. The first step in testing is receiving the submission form and specimen. The more descriptive information provided on our submission form, the faster we can begin diagnostic work on the case.

First, download our fillable submission form at [tvmdl.tamu.edu/forms/](http://tvmdl.tamu.edu/forms/).

Download & save the form with your practice's information & client account ID.

Noting if a specimen is for EXPORT or if it affects a LEGAL case is important.

The more detailed info given on the clinical signs of disease enable proper test advice and/or selection.

		TVMDL Submission form	
		Revision: 4	
<small>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.</small>			
<b>College Station Lab</b> 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		<b>Amarillo Lab</b> 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	
Owner _____ Research Agreement # _____ Address _____ City _____ State _____ Zip _____ E-mail _____ Phone # ( ) _____ Fax # ( ) _____		<b>*** Information Below REQUIRED ***</b> <b>ACCOUNT #</b> _____ Clinic _____ Address _____ City _____ State _____ Zip _____ E-mail _____ Phone # ( ) _____ Fax # ( ) _____	
		Accession # _____ Client PO # _____ Assignments _____ Opened By _____ Carrier _____ Date Shipped _____ Comment _____	
DVM Signature : _____ A signature of an accredited veterinarian must be provided for release of results on regulatory disease tests.			
Animal IDs _____ List Multiples Below			
Check One <input type="checkbox"/> Bovine <input type="checkbox"/> Equine <input type="checkbox"/> Porcine <input type="checkbox"/> Caprine <input type="checkbox"/> Ovine <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Avian <input type="checkbox"/> Zoo/Wildlife <input type="checkbox"/> Non-Animal Specimen			
Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> M-cast <input type="checkbox"/> F-spay Breed _____ Age: _____ Yr Mo Day Fetus Weight : <input type="checkbox"/> lb <input type="checkbox"/> Kg Check One			
Test(s) Requested : For a complete list of tests see the website at <a href="http://tvmdl.tamu.edu/">http://tvmdl.tamu.edu/</a> :			
Check for Gross Necropsy only <input type="checkbox"/> EXPORT CASE Yes <input type="checkbox"/> Legal/Insured? Yes <input type="checkbox"/>			
Specimens Submitted: _____			
If biopsy, was entire lesion submitted? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Clinical History</b> (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: <input type="checkbox"/> E-Mail <input type="checkbox"/> Fax (Check One)	
*An accession fee of \$6.00 is charged on all submissions.* 1 of 2			

The second page of the submission report allows for additional clinical history input space.

Please note that you can order shipping materials when you send samples. The contact information is incredibly important while we work on your case. Ensure the phone number is one that is checked regularly.