



TVMDL Submission form

Document: 10741

Revision: 6

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.

College Station Lab		Amarillo Lab		Accession # _____	
PO Drawer 3040	483 Agronomy Rd	PO Box 3200	6610 Amarillo Blvd West		Client PO # _____
College Station TX 77841	College Station TX 77840	Amarillo TX 79116	Amarillo TX 79106		
Ph: 979-845-3414		Ph: 806-353-7478		Assignments _____	
Ph: 888-646-5623	Fax: 979-845-1794	Ph: 888-646-5624	Fax: 806-359-0636	Opened By _____	
Owner _____	*** Information Below REQUIRED ***			Carrier _____	
Research Agreement # _____	ACCOUNT # _____			Date Received _____	
Address _____	Clinic _____			Comment _____	
	Address _____				
City _____	City _____				
State _____ Zip _____	State _____ Zip _____				
E-mail _____	E-mail _____				
Phone # [] [] [] []	Phone # [] [] [] []				
Fax # [] [] [] []	Fax # [] [] [] []				

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) _____ TVMDL Submission Forms _____