


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/.



TEXAS A&M
TVMDL
VETERINARY MEDICAL
DIAGNOSTIC LABORATORY

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	Assignments _____
Ph: 979-845-3414		Ph: 806-353-7478		Opened By _____
Ph: 888-646-5623	Fax: 979-845-1794	Ph: 888-646-5624	Fax: 806-359-0636	Carrier _____
Owner _____	*** Information Below REQUIRED ***			Date Received _____
Research Agreement # _____	ACCOUNT # _____			Comment _____
Address _____	Clinic _____			
City _____	Address _____			
State _____ Zip _____	City _____			
E-mail _____	State _____ Zip _____			
Phone # [] [] [] [] [] []	E-mail _____			
Fax # [] [] [] [] [] []	Phone # [] [] [] [] [] []			
	Fax # [] [] [] [] [] []			

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

Sex: M F W/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: _____

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)

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

If questions arise during testing we contact you via phone; be sure to list a number checked regularly.

Record the test procedures you are requesting here.

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

Add details on the specimen(s) submitted.

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

AMARILLO: 1.888.646.5624
COLLEGE STATION: 1.888.646.5623

tvmdl.tamu.edu

CENTER: 936.598.4451
GONZALES: 830.672.2834

