

## **TVMDL Submission form**

Document: 10741 Revision: 7

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.

Director or designee.		
College Station Lab	Amarillo Lab	
PO Drawer 3040 483 Agronomy Rd	PO Box 3200 6610 Amarillo Blvd West	Accession #
College Station TX 77841 College Station TX 77840	Amarillo TX 79116 Amarillo TX 79106	
Ph: 979-845-3414	Ph: 806-353-7478	Client PO #
Ph: 888-646-5623 Fax: 979-845-1794	Ph: 888-646-5624 Fax: 806-359-0636  *** Information Below REQUIRED ***	A i
Owner Research Agreement #	ACCOUNT #	Assignments
	Clinic	O I D
Address		Opened By
	Address_	
City	City	Carrier
State Zip	StateZip	
E-mail	E-mail	Date Received
Phone # \( \frac{1}{2} \)	Phone #	
Fax #	Fax #	Comment
DVM		d veterinarian must be provided
Signature :	for release of results on reg	List Multiples Below
Animal IDs		
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 :
Test(s) Requested : For a complete list of	of tests see the website at http://tvmdl.tamu.ed	lu/:
Check for Gross Necropsy only	EXPORT CASE Yes	Legal/Insured? Yes □
Specimens Submitted:		
	If biopsy, was entire les	sion submitted? Yes 🗆 No 🗆
Clinical History (Please print) - (Clinical	al signs, Nutrition, Management, Environment, V	accinations, Treatment, etc.)
Reporting individual animal resul	ts requires ID NUMBERS to be LISTED H	ERE or on an attached sheet.
Specimen Collection Date:	Previous TVM	DL Case #:
Clinical Diagnosis:  **Results by: □ E-Mail □ Fax (Check One)		
An acces	sion fee of \$6.00 is charged on all submi	
	ease visit https://tvmdl.tamu.edu/shippin	· · · · · · · · · · · · · · · · · · ·
TVMDL USE ONLY: Small CRF Fee	Small Box ☐ Large CRF Fee ☐ Large	Box ☐ Large Styrofoam ☐

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CLINICAL HISTORY (continued):
Treatment and date administered: Antibiotics - [ ] Steroids - [ ] Fluids - [ ] Dewormer - [ ]
NECROPSY RECORD
1. External Exam
2. Respiratory System
3. <u>Circulatory System</u>
4. <u>Digestive System</u>
5. <u>Urogenital System</u>
6. <u>Lymphatic System</u>
7. Endocrine System
8. Musculoskeletal System
9. <u>Nervous System</u>
10. <u>Necropsy Diagnosis</u>

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