



Cash Sales Submittal Form

Document: 10744

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 have been made and approved by the agency Director or designee.

College Station Lab	Amarillo Lab	TVMDL USE ONLY
PO Drawer 3040 College Station TX 77841-3040 Ph: 979-845-3414 Ph: 888-646-5623	483 Agronomy Rd College Station TX 77843-4471 Ph: 979-845-1794	Accession # _____
	PO Box 3200 Amarillo TX 79116 Ph: 806-353-7478 Ph: 888-646-5624	Assignments _____
	6610 Amarillo Blvd West Amarillo TX 79106 Ph: 806-359-0636	Opened By _____
PREPAYMENT** ---Information Below REQUIRED		Carrier _____
Submitter _____		Date Shipped _____
Address _____		Comment _____
City _____		
State _____ Zip _____		
Phone # () _____		
Fax # () _____		
Email _____		
Owner's Name _____		

PREPAYMENT ---Information Below REQUIRED**

Submitter _____

Address _____

City _____

State _____ Zip _____

Phone # () _____

Fax # () _____

Email _____

Owner's Name _____

Accession # _____

Assignments _____

Opened By _____

Carrier _____

Date Shipped _____

Comment _____

Please indicate method for receiving results, select only **one**: Email _____ Fax (\$1.00) _____

Animal IDs *List Multiples Below*

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

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

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

Check for Gross Necropsy only. EXPORT CASE Yes Legal / Insured? Yes No

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: _____

Clinical Diagnosis: _____ (over)

An accession fee is charged on all submissions. For a complete list of tests, pricing, and sample requirements, please visit <http://tvmdl.tamu.edu>. Results will not be released until payment is received. For credit card payment forms and account applications, please visit <http://tvmdl.tamu.edu/forms/>



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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