



Cash Sales Submittal Form

Document: 10744

Revision: 2

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	
PO Drawer 3040	1 Sippel Rd	PO Box 3200	6610 Amarillo Blvd West
College Station TX 77841	College Station TX 77843	Amarillo TX 79116	Amarillo TX 79106
Ph: 979-845-3414		Ph: 806-353-7478	
Ph: 888-646-5623	Fax: 979-845-1794	Ph: 888-646-5624	Fax: 806-359-0636

TVMDL USE ONLY	
Accession #	_____
Assignments	_____
Opened By	_____
Carrier	_____
Date Shipped	_____
Comment	_____

PREPAYMENT ---Information Below REQUIRED**

Submitter _____

Address _____

City _____

State _____ Zip _____

Phone # () _____

Fax # () _____

Email _____

Owner's Name _____

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 website 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 of \$6.00 is charged on all submissions.



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**** If payment is not included with sample, results will not be released until payment is received.**

If payment is to be by credit card, please see payment form at <http://tvmdl.tamu.edu/products-services/forms>

Please check web site at <http://tvmdl.tamu.edu> for prices, samples required and shipping specifications.

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