



TVMDL Submission Form

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Revision: 10

All samples and accompanying documentation 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 and educational 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.

<p align="center">College Station Lab</p> <p>US Postal Address: P.O. Box 3040 College Station, TX 77841-3040</p> <p>Physical Address: 483 Agronomy Road College Station, TX 77843-4471</p> <p>Ph: 979-845-3414 Fax: 979-845-1794 Toll Free: 888-646-5623</p>	<p align="center">Canyon Lab</p> <p>US Postal Address: WT Box 60818 Canyon, TX 79016</p> <p>Physical Address: 3209 Russell Long Boulevard Canyon, TX 79016</p> <p>Ph: 806-651-7478 Fax: 806-651-7477 Toll Free: 888-646-5624</p>	<p>Accession # _____</p> <p>Client PO # _____</p> <p>Assignments _____</p> <p>Opened By _____</p> <p>Carrier _____</p> <p>Date Received _____</p> <p>Comment _____</p>
<p>Owner _____</p> <p>Research Agreement # _____</p> <p>Address _____</p> <p>City _____</p> <p>State _____ Zip _____</p> <p>E-mail _____</p> <p>Phone # (____) _____</p> <p>Fax # (____) _____</p>	<p align="center">*** Information Below REQUIRED ***</p> <p>ACCOUNT # _____</p> <p>Clinic _____</p> <p>Address _____</p> <p>City _____</p> <p>State _____ Zip _____</p> <p>E-mail _____</p> <p>Phone # (____) _____</p> <p>Fax # (____) _____</p>	

DVM A signature of an accredited veterinarian must be provided for release of results on regulatory disease tests.

Signature : _____

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: _____

An accession fee is charged on each submission. For a complete list of tests, pricing and sample requirements, please visit <http://tvmdl.tamu.edu>

Supply Ordering: Please visit <https://tvmdl.tamu.edu/shipping/order-supplies/>

TVMDL USE ONLY: LG Box Return Fee LG Box Cardboard Replacement LG Box Styrofoam Replacement