

Avoid postal service delays by shipping specimens via overnight courier directly to the physical address listed below. Not all locations perform all tests. For faster service, ship directly to the location that performs the tests requested. Visit our website for the latest information on test offerings.

**College Station Laboratory**

**USPS Mail Address**  
PO Box 3040  
College Station, TX 77841-3040  
**Telephone** 979.845.3414

**Physical /Shipping Address**  
483 Agronomy Road  
College Station, TX 77843-4471  
**FAX** 979.845.1794

**Canyon Laboratory**

**USPS Mail Address**  
WT Box 60818  
Canyon, TX 79016  
**Telephone** 806.651.7478

**Physical /Shipping Address**  
3209 Russell Long Blvd  
Canyon, TX 79016  
**FAX** 806.651.7477

<b>SUBMITTER INFORMATION</b>	<b>ANIMAL OWNER INFORMATION</b>	For TVMDL Use
<b>Account #</b> _____	<input type="checkbox"/> Mark if Submitter and Owner Information are the same.	Accession # _____
<b>Clinic</b> _____	<b>Name</b> _____	Assignments _____
<b>Address</b> _____	<b>Address</b> _____	Opened By _____
<b>City</b> _____	<b>City</b> _____	<input type="checkbox"/> FedEx <input type="checkbox"/> UPS <input type="checkbox"/> LSO
<b>State</b> _____ <b>ZIP</b> _____	<b>State</b> _____ <b>ZIP</b> _____	<input type="checkbox"/> USPS <input type="checkbox"/> Messenger
<b>Email</b> _____	<b>Email</b> _____	Other Carrier _____
<b>Telephone</b> _____	<b>Telephone</b> _____	# Samples _____
<b>FAX</b> _____	<b>FAX</b> _____	Comment _____
<b>Veterinarian</b> _____	<b>Previous Accession #</b> _____	
<b>Service/Price Agreement #</b> _____		

**Animal ID(s)** \_\_\_\_\_  
*List multiples below in Clinical History or attach additional pages.*

**Species**    Avian    Bovine    Canine    Caprine    Equine    Feline    Ovine    Porcine    Wildlife    Zoo    Non-Animal

**Breed** \_\_\_\_\_   **Sex**    Male    M-Neut    Female    F-Neut   **Age** \_\_\_\_\_    Yr    Mo    Day   **Fetus**    **Weight** \_\_\_\_\_    lb    kg

Specimen Type and Anatomic Location	Collection Date	Test Code	Test Name

**For biopsies only: was the entire lesion submitted?** Yes  No

**Hold for Cremation**    **Gross Necropsy Only**    **Legal/Insurance Case**    **Zoonotic Suspect**    **Export Case**

**Clinical History** *(please print)* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Clinical Diagnosis** \_\_\_\_\_

- An accession fee is charged on each submission.
- All samples and documentation submitted become property of TVMDL 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 unless prior arrangements are approved by the agency director or designee.
- Order supplies and view a complete catalog of tests, fees, sample requirements, and testing schedules at <https://tvmdl.tamu.edu>.