



The Pennsylvania Animal Diagnostic Laboratory System General Submission Form

Pennsylvania Veterinary Laboratory
PA Department of Agriculture
2305 North Cameron Street
Harrisburg, PA 17110
(717) 787-8808

Animal Diagnostic Laboratory
The Pennsylvania State University
131 Pastureview Road
University Park, PA 16802
(814) 863-0837

New Bolton Center
University of Pennsylvania
382 West Street Road
Kennett Square, PA 19348
(610) 925-6725

<http://padls.agriculture.pa.gov>

Accession #:
Date Received:
Page _____ of _____
<i>(Lab Use Only)</i>

Bill To: <input type="checkbox"/> Vet Practice <input type="checkbox"/> Owner <input type="checkbox"/> Other:	Purpose of Testing: <input type="checkbox"/> Contract <input type="checkbox"/> Research <input type="checkbox"/> Diagnostic <input type="checkbox"/> Other:
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<i>(Lab Use Only)</i>	Shipping Method: <input type="checkbox"/> Drop Off <input type="checkbox"/> US Mail <input type="checkbox"/> Courier: Ship Date:
Opened By:	
Condition Upon Receipt:	

Veterinarian/Submitter:
Clinic
Address
City, State, Zip
Phone
Fax
E-Mail
Preferred Report Distribution Method: <input type="checkbox"/> US Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-Mail <input type="checkbox"/> No Report

Owner:
Premise ID
Address
City, State, Zip
Phone
Fax
E-Mail
Preferred Report Distribution Method: <input type="checkbox"/> US Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-Mail <input type="checkbox"/> No Report

Animal Information:
<input type="checkbox"/> Bovine <input type="checkbox"/> Caprine <input type="checkbox"/> Cervine <input type="checkbox"/> Other:
<input type="checkbox"/> Ovine <input type="checkbox"/> Porcine <input type="checkbox"/> Equine

Test(s) Requested:

Animal Identification: <i>(Additional space on page 2)</i>				
No.	Official Animal ID/Name	Breed	Sex	Age
1				
2				
3				
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10				

SPECIMEN INFORMATION:
Collection Date: _____
Specimen Type: <input type="checkbox"/> Pool Specimens <i>(If available)</i>
<input type="checkbox"/> Blood: <input type="checkbox"/> Whole Blood <input type="checkbox"/> Serum
<input type="checkbox"/> Feces
<input type="checkbox"/> Feed
<input type="checkbox"/> Milk Type: Bulk Tank / Composite / Quarter
<input type="checkbox"/> Swab: Source _____
<input type="checkbox"/> Tissue: Source _____
<input type="checkbox"/> Fixed <input type="checkbox"/> Fresh
<input type="checkbox"/> Other: _____

History / Clinical Signs / Vaccination History / Program Participation / Special Requests:

SIGNATURE OF VETERINARIAN: _____

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No.	Official Animal ID/Name	Breed	Sex	Age
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Animal Identification:				
No.	Official Animal ID/Name	Breed	Sex	Age
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