



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

Accession #: _____

Date Received: _____

Page _____ of _____

(Lab Use Only)

Bill To:

- Vet Practice
 Owner
 Other:

Purpose of Testing:

- Contract Research
 Diagnostic
 Other:

(Lab Use Only)

Shipping Method:

- Drop Off US Mail
 Courier: Ship Date:

Condition Upon Receipt:**Veterinarian/Submitter:**

Clinic

Address

City, State, Zip

Phone

Fax

E-Mail

Preferred Report Distribution Method:

- US Mail Fax E-Mail No Report

Owner:

Premise ID

Address

City, State, Zip

Phone

Fax

E-Mail

Preferred Report Distribution Method:

- US Mail Fax E-Mail No Report

Animal Information:

- Bovine Caprine Cervine Other:
 Ovine Porcine Equine

Test(s) Requested:**Animal Identification:** *(Additional space on page 2)*

No.	Official Animal ID/Name	Breed	Sex	Age
1				
2				
3				
4				
5				
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7				
8				
9				
10				

SPECIMEN INFORMATION:

Collection Date: _____

Specimen Type: Pool Specimens *(If available)*

- Blood:
 Whole Blood Serum

 Feces Feed Milk Type: Bulk Tank / Composite / Quarter Swab: Source _____ Tissue: Source _____ Fixed Fresh Other: _____**History / Clinical Signs / Vaccination History / Program Participation / Special Requests:**

SIGNATURE OF VETERINARIAN: _____

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

Animal Identification:				
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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