

# General Submission Form

LAB USE ONLY

AHDC Accession No./Date

College of Veterinary Medicine  
Cornell University  
In Partnership with the  
NYS Dept. of Ag. & Markets

Tel: 607-253-3900  
Fax: 607-253-3943  
Web: vet.cornell.edu/ahdc  
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U.S. Postal Service  
PO Box 5786  
Ithaca, NY 14852-5786

FedEx/UPS Service  
240 Farrier Rd.  
Ithaca, NY 14853

Go Green  
Complete this submission form online instead  
by visiting [bit.ly/ahdc-portal](http://bit.ly/ahdc-portal)

**PLEASE COMPLETE ALL FIELDS, PRINT LEGIBLY, AND ENTER ONLY ONE OWNER PER FORM**

AHDC Account #		Internal Case Reference #	
Submitting Veterinarian		Owner Name	
Clinic Name		Owner Address	
Clinic Address		City, State, Zip	
City, State, Zip		Phone	
Phone		County	
Fax		Town	
Email		NYS Premises ID	
<input type="checkbox"/> Regulatory <input type="checkbox"/> Export		Country of Destination:	
		Shipper/Exporter:	

## History/Clinical Information

**PLEASE CHECK ALL THAT APPLY**

- |   |                                       |   |  |   |
|---|---------------------------------------|---|--|---|
| <input type="checkbox"/> Dermatological         | <input type="checkbox"/> Endocrine    | <input type="checkbox"/> Neoplasia          | <input type="checkbox"/> Chronic Weight Loss       | <input type="checkbox"/> Musculoskeletal/Lameness       |
| <input type="checkbox"/> Abortion/Repro Failure | <input type="checkbox"/> Ocular       | <input type="checkbox"/> Cardiac            | <input type="checkbox"/> Erosion/Vesicular         | <input type="checkbox"/> Production/Performance Decline |
| <input type="checkbox"/> Edema                  | <input type="checkbox"/> Anorexia     | <input type="checkbox"/> Normal             | <input type="checkbox"/> Hematological/Hemorrhage  | <input type="checkbox"/> Other:                         |
| <input type="checkbox"/> Respiratory            | <input type="checkbox"/> Neurological | <input type="checkbox"/> Hepatic            | <input type="checkbox"/> Gastrointestinal/Diarrhea |   |
| <input type="checkbox"/> Fever                  | <input type="checkbox"/> Sudden Death | <input type="checkbox"/> Urinary/Urogenital |  |   |

Clinical/Differential Diagnosis:

Has related material been submitted previously for this animal(s)/herd? ☐ Yes ☐ No Accession #:

Date of onset of herd illness:

In animals submitted:

Herd size:

Number dead:

Number affected:

## Additional Information/History

☐ Check here if history continues on back or if additional history is attached

## Animal Identification

**Sex Codes:** M = Male; MR = Mare (Equine Only); MC = Castrated Male; F = Female; SF = Spayed Female

**Age Codes:** Y = Years; M = Months; W = Weeks; DOB = Date of Birth

#	Name/Identifier	Species	Breed	Sex	Age/DOB	Specimen Type and Anatomic Location	Date Taken	Test(s) Required (per animal) Enter full name of test
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Comments:

☐ Continuation page included

## Terms and Conditions

Review our full terms and conditions online by visiting [bit.ly/AHDC-TC](http://bit.ly/AHDC-TC) **SIGN HERE:**

AHDC USE ONLY	<input type="checkbox"/> FEDEX	<input type="checkbox"/> MAIL	DATE REC'D:	<input type="checkbox"/> FROZEN	<input type="checkbox"/> DRY ICE
Opened by:	<input type="checkbox"/> FEDEX-GRND	<input type="checkbox"/> PRI MAIL	TIME REC'D:	<input type="checkbox"/> RM TEMP	<input type="checkbox"/> COLD PACK
	<input type="checkbox"/> UPS-GRND	<input type="checkbox"/> EXP MAIL	DATE SHIPPED:	<input type="checkbox"/> COOL	<input type="checkbox"/> NONE
	<input type="checkbox"/> UPS-ND	<input type="checkbox"/> OTHER:		<input type="checkbox"/> COLD	COMMENT:

# General Submission Continuation Page

LAB USE ONLY

AHDC Accession No./Date

For use ONLY to continue sample IDs begun on the General Submission Form

Submission Information

Account #		Submitting Veterinarian		Case/Reference #		Owner	
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Animal Identification

Sex Codes: M=Male; MR=Mare (Equine Only); MC=Castrated Male; F=Female; SF=Spayed Female  
Age Codes: Y=Years; M=Months; W=Weeks; DOB=Date of Birth

#*	Name/Identifier	Species	Breed	Sex	Age/DOB	Specimen Type and Anatomic Location	Date Taken	Test(s) Required (per animal) Enter full name of test
__1								
__2								
__3								
__4								
__5								
__6								
__7								
__8								
__9								
__0								
__1								
__2								
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__6								
__7								
__8								
__9								
__0								

Comments:

Page \_\_\_\_ of \_\_\_\_

\* Number these rows in sequential order, in continuation from previous page