

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: ahdc.vet.cornell.edu
Email: diagcenter@cornell.edu

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 by
visiting bit.ly/ahdc-portal

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

Enter Your Cornell AHDC Acct. No. _____ Submitting Veterinarian * _____ Clinic Name _____ Address _____ City, State, Zip _____ Phone No. (____) _____ Fax No. (____) _____ E-Mail Address: _____ I understand and agree to Terms and Conditions bit.ly/AHDC-TC Sign Here: _____	Your Internal Case / Reference No. ** _____ Owner _____ Address _____ City, State, Zip _____ Phone No. (____) _____ County _____ Town _____ NYS Premises ID _____
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Check if appropriate: **Regulatory** **Export** Country of Destination _____ Shipper/Exporter _____

HISTORY/CLINICAL INFORMATION: Please check all that apply:

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

Clinical / Differential Diagnosis: _____
 Has related material been submitted previously for this animal(s)/herd: Y N Accession No. _____
 Date of onset of Herd illness: _____ In animals submitted: _____ Herd size: _____ No. dead: _____ No. affected: _____

Additional Info / History: _____ Check here if history is continued on back of this page, or if add'l history is attached.

ANIMAL IDENTIFICATION						INDICATE SPECIMEN TYPE (AND ANATOMIC LOCATION - if appropriate)	DATE TAKEN	TEST(S) REQUESTED (per animal) ENTER FULL NAME OF TEST
NO.	NAME / IDENTIFIER NO.	SPECIES	BREED	SEX	AGE / DOB			
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10								

Comments: _____ check if continuation page included

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

General Submission Continuation Page

Animal Health Diagnostic Center

College of Veterinary Medicine
Cornell University

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FOR USE ONLY TO CONTINUE SAMPLE ID'S BEGUN ON THE GENERAL SUBMISSION FORM

AHDC Accession No./ Date

Acct No. _____ Submitting Vet _____						Case/Ref No. _____ Owner _____		
ANIMAL IDENTIFICATION						SPECIMEN SUBMITTED INDICATE ANATOMICAL SAMPLING SITE	DATE TAKEN	TEST(S) REQUESTED (per animal) PLEASE ENTER FULL NAME OF TEST
NO.*	NAME / IDENTIFIER NO.	SPECIES	BREED	SEX	AGE/DOB			
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Comments:								

* Please be sure to number these rows in sequential order, in continuation from the first page.