



NYS Contract Case Pricing Submission Form

Animal Health Diagnostic Center

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

US Postal Service Address: PO Box 5786
Ithaca, NY 14852-5786
FedEx/UPS Service Address: 240 Farrier Rd.
Ithaca, NY 14853

AHDC Contacts

Phone: 607-253-3900
Fax: 607-253-3943
Web: ahdc.vet.cornell.edu
Email: diagcenter@cornell.edu

Lab Use Only

AHDC Accession No./ Date

Pathology Case Number

STAT Requested

STAT fees are not covered by
NYS Contract Case Pricing.

Please Note: Samples submitted for testing become the property of the Animal Health Diagnostic Center and may be tested as part of state and federal surveillance programs.

PLEASE COMPLETE ALL FIELDS, PRINT LEGIBLY, AND TYPE OR USE BLACK INK ONLY

ATTENTION:

Cornell Acct No.	Your Internal Case/Reference No.**
Submitting Veterinarian*	Owner
Clinic Name	Address
Address	City, State, Zip
City, State, Zip	Phone Number ()
Phone No. () Fax No. ()	County Town
Email	NYS Premises ID

I certify that this submission is for an animal located in NYS that is being raised for food or fiber production, or is a horse, and is not part of a research project. In addition, I have listed the differential diagnosis of one or more contagious/infectious diseases or toxic exposures that is/are consistent with the clinical presentation for this animal or herd and that would threaten other animals or people. I certify that this testing is not routine surveillance or testing to help eradicate a disease or condition already diagnosed in this herd or flock. This submission includes samples from individual animals (not composite) and requests for testing or assistance from the lab to attempt to make a definitive diagnosis. This is not an insurance, legal or research case.

NOTE: If required information is not provided, the submission will be handled as a routine submission without NYS contract case pricing. The submitting veterinarian is responsible for the requested tests, fees associated with this submission*, and for notifying the owner of test results. If STAT is chosen, the submitting veterinarian is responsible for all STAT fees.

Signature NYS licensed veterinarian

I have attached the Contract case pricing submission continuation page or Other pages

ANIMAL IDENTIFICATION						SPECIMEN SUBMITTED INDICATE ANATOMICAL SAMPLING SITE	DATE TAKEN	TEST(S) REQUESTED (per animal) PLEASE ENTER FULL NAME OF TEST
SEX CODES: M=Male, MR=Mare (equine only), MC=Castrated Male, F=Female, SF=Spayed Female AGE CODES: Y=Years, M=Months, W=Weeks, D=Days; DOB=Date of Birth	NO.*	NAME / IDENTIFIER NO.	SPECIES	BREED	SEX			
	1							
	2							
	3							

HISTORY: *****CLINICAL HISTORY REQUIRED, INCLUDING HERD DATA

Give detailed information regarding affected animal(s).

General (Clinical presentation, treatment, etc.) If you need more space, please use [Continuation Page](#).

Description of lesion(s) for histopathology requests (Describe location, distribution, size, color, consistency):

Clinical or Differential Diagnosis (Required)

Other species present on the premises

Has previous material been submitted for this problem? YES ☐ NO ☐ UNKNOWN ☐

If so, enter Date(s): Accession #(s)

OPENED BY:	<input type="checkbox"/> DHL <input type="checkbox"/> FX <input type="checkbox"/> UPS-Grnd <input type="checkbox"/> UPS-ND	<input type="checkbox"/> Mail <input type="checkbox"/> Pri Ma <input type="checkbox"/> Exp Mail <input type="checkbox"/> Other:	Date & Time Rec'd: 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 INSULATED <input type="checkbox"/> NONE <input type="checkbox"/> COMMENT
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** If your Internal Reference No. is entered on this form, it will be used to identify this case on the test result form and on the billing statement (max. 17 character field).

*NYS Contract Case Pricing Policy: www.vet.cornell.edu/animal-health-diagnostic-center/testing/billing/nys-contract

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