Cornell
Animal Health Diagnostic Center

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.

Your Internal Case / Reference No. **

Submitting Veterinarian *_____

Clinic Name_____

Address_____

City, State, Zip_____

Phone No. (____)_____ Fax No. (____)_____

E-Mail Address:

I understand and agree to the Terms and Conditions bit.ly/AHDC-TC

Sign Here:_____

Owner_____

Address_____

City, State, Zip_____

Phone No. (_____)_____

County_____Town_____

NYS Premises ID_____

Check if appropriate: ☐ **Regulatory** ☐ **Export** Country of Destination_____ Shipper/Exporter_____

HISTORY/CLINICAL INFORMATION: Please check all that apply:

☐ Dermatological ☐ Fever ☐ Neurological ☐ Hepatic ☐ Gastrointestinal/Diarrhea
☐ Abortion/Repro Failure ☐ Endocrine ☐ Sudden Death ☐ Urinary/Urogenital ☐ Musculoskeletal/Lameness
☐ Edema ☐ Ocular ☐ Neoplasia ☐ Chronic Weight Loss ☐ Production/Performance decline
☐ Respiratory ☐ Anorexia ☐ Cardiac ☐ Erosion/Vesicular ☐ Other_____
☐ Normal ☐ Hematological/Hemorrhage

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

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	AGE / DOB
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

INDICATE *SPECIMEN TYPE* (AND ANATOMIC LOCATION - if appropriate)

DATE TAKEN

TEST(S) REQUESTED (per animal) **ENTER FULL NAME OF TEST**

Comments:

☐ check if continuation page included

AHDC USE ONLY
OPENED BY:_____

☐ FEDEX ☐ FEDEX-GRND ☐ UPS-GRND ☐ UPS-ND
☐ MAIL ☐ PRI MAIL ☐ EXP MAIL ☐ OTHER:_____

DATE REC'D:_____
TIME REC'D:_____
DATE SHIPPED:_____

☐ FROZEN ☐ RM TEMP ☐ COOL ☐ COLD
☐ DRY ICE ☐ COLD PACK ☐ NONE ☐ COMMENT:_____

*The submitting veterinarian is responsible for the requested tests, fees associated with this submission, and to notify the owner of test results.

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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

Acct No. ___________ Submitting Vet ___________________________ Case/Ref No. _____________ Owner _______________________________

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, D=Days; DOB=Date of Birth						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			
_1								
_2								
_3								
_4								
_5								
_6								
_7								
_8								
_9								
_0								
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Comments:

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

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