

**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

607-253-3900  
ahdc.vet.cornell.edu  
diagcenter@cornell.edu

US Postal Service Address:  
PO Box 5786  
Ithaca, NY 14852-5786

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

BY SUBMITTING THIS FORM, YOU AGREE TO ALL CURRENT ANIMAL HEALTH DIAGNOSTIC CENTER TERMS AND CONDITIONS AVAILABLE AT

<https://ahdc.vet.cornell.edu/terms-and-conditions>

YOU ALSO AGREE THAT ANY SAMPLES SUBMITTED FOR TESTING BECOME THE PROPERTY OF THE ANIMAL HEALTH DIAGNOSTIC CENTER AND MAY BE TESTED AS PART OF STATE/FEDERAL SURVEILLANCE PROGRAMS.

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

<b>Your Cornell AHDC Acct. No.:</b>	<b>Your Internal Case / Reference No. **</b>
<b>Submitting Veterinarian*:</b>	<b>Owner:</b>
Clinic Name:	Address:
Address:	City, State, Zip:
City, State, Zip:	Phone No.:
Phone No.:                      Fax No.:	NYS Premises ID:

Submitting Vet's Signature: \_\_\_\_\_

Type of submission: ☐ Regulatory ☐ Export Country of Destination: \_\_\_\_\_

**HISTORY/CLINICAL INFORMATION:**

Clinical / Differential Diagnosis: \_\_\_\_\_

Has related material been submitted previously for this animal/herd? Y / N

Accession No.: \_\_\_\_\_

ANIMAL IDENTIFICATION						Specimen Type	Date Taken	TEST(S) REQUESTED (per animal) ENTER FULL NAME OF TEST
NO	ANIMAL IDENTIFICATION	SPECIES	BREED	SEX	AGE/DOB			
1								
2								
3								
4								
5								
6								
7								
8								

Additional Instructions / Comments / STAT Request: \_\_\_\_\_

<b>AHDC USE ONLY</b> 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: _____
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