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

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

AHDC USE ONLY
OPENED BY: _____ HD:_____ DATE REC'D:_____
TIME REC'D: AM / PM

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