

Fecal Egg Count Reduction Test Submission Form



Animal Health Diagnostic Center

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

AHDC Accession No./Date

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

Original Accession No. _____ *Required*

Clinic AHDC Acct. No. _____

Clinic Name _____

Submitting Veterinarian _____

Date Dewormed _____ *Required*

Deworming Product Used _____ *Required*

Follow-up Collection Date _____ *Required*

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

Name/Identifier No. (Must match original accession ID)	SPECIES	BREED	SEX	AGE / DOB	DATE TAKEN
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					

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