

General Submission Continuation Page

Animal Health Diagnostic Center

College of Veterinary Medicine
Cornell University

LAB USE ONLY

FOR USE ONLY TO CONTINUE SAMPLE ID'S BEGUN ON THE GENERAL SUBMISSION FORM

AHDC Accession No./ Date

Acct No. _____ Submitting Vet _____						Case/Ref No. _____ Owner _____		
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	AGE/DOB			
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_3								
_4								
_5								
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_8								
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Comments:								

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