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

NYS Contract Case Pricing Continuation Page							
An	imal Health Diag	nostic Ce	nter College	of Veterinary Medicine University	LAB USE ONLY		
FOR USE ONLY TO CONTINUE SAMPLE ID'S BEGUN ON THE NYS Contract Case SU					AHDC Accession No./ Date		
Acct NoSubmitting Vet				Case/Ref NoOwner			
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 SUBMITTER	TAKEN	TEST(S) REQUESTED	
				SAMPLING SITE	AL	(per animal) PLEASE ENTER FULL NAME OF TEST	
NO.*	NAME / IDENTIFIER NO.	SPECIES BREEI	D SEX AGE/DO	B			
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HIST	TORY (Continued): CLINIC	AL HISTORY REQ	UIRED, INCLUD	ING HERD DATA. Give deta	ailed informatior	regarding affected animal(s).	
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Comn	ments:						

ORG-WEB-023-V02 Page ____of ____