



## Animal Health Diagnostic Center

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

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### AHDC Contacts

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LAB USE ONLY
AHDC Accession No. / Date

PLEASE NOTE: 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

Enter Your Cornell AHDC Acct. No. \_\_\_\_\_ Your Internal Case / Reference No. \*\* \_\_\_\_\_

Submitting Veterinarian \* \_\_\_\_\_  
Clinic Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone No. (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Owner \_\_\_\_\_  
City, State \_\_\_\_\_

Preferred specimen key below. Please indicate number of specimens submitted. Please label all containers clearly!			
CITP	Citrated Plasma (Blue Top)	F	Feces
CSF	Cerebral Spinal Fluid	FL	Fluid
HEPP	Heparinized Plasma (Green Top)	S	Serum (Red Top)
P	EDTA Plasma (Purple Top)	SL	Slide
SWTM	Swab in Transport Media	SW	Swab
WB	EDTA Whole Blood (Purple Top)	T	Tissue
V	Variable	U	Urine
See web for complete list of acceptable specimens			

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						
NO.	NAME / IDENTIFIER NO.	SPECIES	BREED	SEX	AGE / DOB	DATE TAKEN
1						
2						
3						

Most Requested Equine		Spec.	Most Requested Small Animal		Spec.	Most Requested Bacteriology		Spec.
ACTH Baseline (ACTHEQ)		P	Anti-Mullerian Hormone ELISA (AMH)		S	For all culture requests, please indicate sample source:		
ACTH Pre TRH Response (ACTHPRETRH)		P	Canine Brucella Multiplex (CBM)		S	If Urine ___Cysto or ___Other: _____		
ACTH Post TRH 10min (ACTHPOSTTRH1)		P	Canine Respiratory Panel (CRPNL)		SW	Susceptibility ___Yes ___No (Required)		
Anaplasma phagocytophilum PCR [Ehrlichia equi] (EHRE)		WB	Canine Vaccine Panel 1 (CDVSN/CPVHI)		S	Has animal received antimicrobials w/in last 72 hrs? ___Yes ___No		
Chemistry Panel, Large Animal (LA P)		S	Canine Vaccine Panel 2 (CVP1+CAVSN)		S	Aerobic Bacterial Culture (AER)	T, SWTM, or FL	
Coronavirus, Beta PCR (BCOR)		F	Chemistry Panel, Small Animal (SA P)		S	Anaerobic Bacterial Culture (ANAER)	T, SWTM, or FL	
D-dimer Quantitative (DDIQ)		CITP	Coronavirus, Alpha PCR (ACOR)		V	<i>Please submit swabs in unexpired, anaerobic transport media</i>		
Equine Metabolic Syndrome		S, P	Cortisol baseline (CORT)		S	Campylobacter jejuni Culture (CAMPYJ)	F	
Equine Drug Screen 1 (EQDRUG1)		HEPP or S	D-dimer Quantitative (DDIQ)		CITP	Fungal Culture (FUNGCM)	T, SWTM, or FL	
Equine Drug Screen 2 (EQDRUG2)		HEPP or S	Fecal Flotation (FLOAT)		F	Leptospira MAT 5 Serovars (LEPTO)	S	
Estrone Sulfate (E1S)		S	Feline Respiratory Panel (MDPFRP)		SW	Mycoplasma Culture (MYCOPL)	T, SWTM, or FL	
Fecal Flotation (FLOAT)		F	Hemogram, Small Animal (SA CBC)		WB + 2SL	Salmonella Culture (SALM)	F, T, SWTM, or FL	
Glucose, Blood (GLU)		P or S	Lyme Disease Multiplex (CLM)		S	Strep equi Culture (SEQUCUL)	T, SWTM, or FL	
Hemogram, Large Animal (LA CBC)		WB + 2SL	Ovarian Remnant Syndrome Panel (OVRCF)		S	Ureaplasma Culture (UREAPL)	T, SWTM, or FL	
Herpesvirus PCR Panel (EHVPNL)		WB + SW	Protein C (PROTC)		CITP	Urine Culture (URCUL)	U or SWTM	
Insulin Baseline (INSEQ)		P or S	T4 (Throxine) Baseline (T4)		S	<b>Other Tests Not Listed</b>		
Leptin (LEPTIN)		P or S	Testosterone Baseline (TE)		P or S			
Lyme Disease Multiplex (EQLM)		S	Thyroid Panel [FT4/ T4/ T3/ TSH/ TGA] (THYPIK9)		S			
Progesterone baseline (PRE)		P or S	von Willebrand factor (VWF)		CITP			
Respiratory Panel (ERPNL)		SW	<b>Most Requested Other</b>		Spec.			
Streptococcus PCR [Strep Equi] (SEQUPCR)		SW	Parasite Identification (PID)		V			
Selenium (SEL)		WB	<b>Brief history, additional comments or previous accession number:</b>					
T4 (Throxine) Immulite (T4I)		S						
Testosterone Baseline (TE)		P or S						
Thyroid Panel [FT4D, T4, T3] (THYPALLI)		S						
Vitamin E (NDIK)		S						

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
OPENED BY:	<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: _____

\*The submitting veterinarian is responsible for the requested tests, fees associated with this submission, and to notify the owner of test results.

\*\*If your Internal Reference No. is entered on this form, it will be used to identify this case on the test result form and on the billing statement (max. 17 character field).