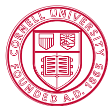
General Submission Form



Animal Health Diagnostic Center

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

US Postal Service Address:
PO Box 5786
Ithaca, NY 14852-5786

FedEx/UPS Service
Address: 240 Farrier Rd.
Ithaca, NY 14853

AHDC Contacts
Phone: 607-253-3900
Fax: 607-253-3943
Web: ahdc.vet.cornell.edu
Email: diagcenter@cornell.edu

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

General

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: ____

Submitting Vet's Signature:__________________________________

Owner____

Address____

City, State, Zip____

Phone No. (_______)__________________________________

County______________________Town____________________

NYS Premises ID____

Check if appropriate: ☐ **Regulatory** ☐ **Export** Country of Destination________________________ Shipper/Exporter_____________

HISTORY/CLINICAL INFORMATION: Please check all that apply:

			☐ Normal	☐ Hematological/Hemorrhage
☐ Dermatological	☐ Fever	☐ Neurological	☐ Hepatic	☐ Gastrointestinal/Diarrhea
☐ Abortion/Repro Failure	☐ Endocrine	☐ Sudden Death	☐ Urinary/Urogenital	☐ Musculoskeletal/Lameness
☐ Edema	☐ Ocular	☐ Neoplasia	☐ Chronic Weight Loss	☐ Production/Performance decline
☐ Respiratory	☐ Anorexia	☐ Cardiac	☐ Erosion/Vesicular	☐ Other______________________

Clinical / Differential Diagnosis:____

Has related material been submitted previously for this **animal(s)/herd:** ☐ **Y** ☐ **N** Accession No.______________________________

Date of onset of Herd illness:______________ In animals submitted:______________ Herd size:________ No. dead:_______ No. affected:_____

Additional Info / History:

☐ Check here if history is continued on back of this page, or if add'l history is attached.

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	INDICATE ***SPECIMEN TYPE*** (AND ANATOMIC LOCATION - if appropriate)	DATE TAKEN	TEST(S) REQUESTED (per animal) ENTER FULL NAME OF TEST
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Comments:

☐ check if continuation page included

AHDC USE ONLY OPENED BY:					
	☐ FEDEX	☐ MAIL	DATE REC'D:____________________	☐ FROZEN	☐ DRY ICE
	☐ FEDEX-GRND	☐ PRI MAIL	TIME REC'D:____________________	☐ RM TEMP	☐ COLD PACK
	☐ UPS-GRND	☐ EXP MAIL		☐ COOL	☐ NONE
______________	☐ UPS-ND	☐ OTHER:__________	DATE SHIPPED:____________________	☐ COLD	☐ 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).