NYS Contract Case Pricing 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

_____
Pathology Case Number

STAT Requested

STAT fees are not covered by NYS Contract Case Pricing.

Please Note: Samples submitted for testing become the property of the Animal Health Diagnostic Center and may be tested as part of state and federal surveillance programs.

PLEASE COMPLETE ALL FIELDS, PRINT LEGIBLY, AND TYPE OR USE BLACK INK ONLY   ATTENTION:_____

Cornell Acct No.	Your Internal Case/Reference No.** _____
Submitting Veterinarian* _____	**Owner** _____
Clinic Name _____	Address _____
Address _____	City, State, Zip _____
City, State, Zip _____	Phone Number (_____) _____
Phone No. (____)_____ Fax No. (____)_____	County _____ Town _____
*Email*_____	NYS Premises ID _____

I certify that this submission is for an animal located in NYS that is being raised for food or fiber production, or is a horse, and is not part of a research project. In addition, I have listed the differential diagnosis of one or more contagious/infectious diseases or toxic exposures that is/are consistent with the clinical presentation for this animal or herd and that would threaten other animals or people. I certify that this testing is not routine surveillance or testing to help eradicate a disease or condition already diagnosed in this herd or flock. This submission includes samples from individual animals (not composite) and requests for testing or assistance from the lab to attempt to make a definitive diagnosis. This is not an insurance, legal or research case.

NOTE: If required information is not provided, the submission will be handled as a routine submission **without** NYS contract case pricing. The submitting veterinarian is responsible for the requested tests, fees associated with this submission*, and for notifying the owner of test results. If STAT is chosen, the submitting veterinarian is responsible for all STAT fees.

Signature NYS licensed veterinarian_____

I have attached the   Contract case pricing submission continuation page or   Other pages

NO.*	NAME / IDENTIFIER NO.	SPECIES	BREED	SEX	AGE/DOB	SPECIMEN SUBMITTED (INDICATE ANATOMICAL SAMPLING SITE)	DATE TAKEN	TEST(S) REQUESTED (per animal) PLEASE ENTER FULL NAME OF TEST
	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							
1								
2								
3								

HISTORY: *****CLINICAL HISTORY* RED *REQUIRED, INCLUDING HERD DATA* ➡   *** HERD DATA ***

Give detailed information regarding affected animal(s).

Date: onset of illness: _____

General (Clinical presentation, treatment, etc.)   If you need more space, please use Continuation Page.

In animals submitted: _____

Herd size:
Adult_____
Young_____

No. dead:_____

No. affected:_____

Description of lesion(s) for histopathology requests (Describe location, distribution, size, color, consistency):

Check here if add'l history is on back or attached.

Clinical or Differential Diagnosis (Required)

Other species present on the premises_____

Has previous material been submitted for this problem?   YES ☐   NO ☐   UNKNOWN ☐

If so, enter   Date(s): _____   Accession #(s) _____

OPENED BY:	☐ DHL	☐ Mail	Date & Time Rec'd:_____	☐ FROZEN	☐ DRY ICE
	☐ FX	☐ Pri Ma	Shipped: _____	☐ RM TEMP	☐ COLD PACK INSULATED
_____	☐ UPS-Grnd	☐ Exp Mail		☐ COOL	☐ NONE
	☐ UPS-ND	☐ Other: _____		☐ COLD	☐ COMMENT_____

** 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). *NYS Contract Case Pricing Policy: www.vet.cornell.edu/animal-health-diagnostic-center/testing/billing/nys-contract