



Thompson Bishop Sparks
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STATE ACCESSION #:	
DATE RECEIVED:	
CASE COORDINATOR:	
<input type="checkbox"/> CHARGE <input type="checkbox"/> +DIS <input type="checkbox"/> N/C <input type="checkbox"/> OTHER:	
PAID: \$ <input type="checkbox"/> CASH <input type="checkbox"/> CHECK #	
<input type="checkbox"/> USPS <input type="checkbox"/> UPS <input type="checkbox"/> FEDEX <input type="checkbox"/> OWNER <input type="checkbox"/> VET <input type="checkbox"/> OTHER:	
<input type="checkbox"/> FEEDBACK REPORT <input type="checkbox"/> PHOTO(S) <input type="checkbox"/> OTHER:	

General Submission Form

Veterinarian		Owner	
Clinic		Business	
License#	Account#	County	
Address		Address	
City	State	Zip	City State Zip
Phone		Phone	Fax
Fax		Email	
Email		Previous Case #	
Submitted by: <input type="checkbox"/> Vet <input type="checkbox"/> Own <input type="checkbox"/> Other:		Report to: <input type="checkbox"/> Vet <input type="checkbox"/> Own <input type="checkbox"/> Other:	Bill to: <input type="checkbox"/> Vet <input type="checkbox"/> Own <input type="checkbox"/> Other:

**For multiple animals use the multiple animal continuation form*

Animal Name/ID	Species
Breed	Sex Age

<p>NOTICE:</p> <p>* ALL submitted samples become the property of TBSSDL.</p> <p>* Indicate all submitted samples and the appropriate test section(s). If no tests are selected, tests will be performed at the discretion of the pathologist.</p> <p>* The appropriate sample must be submitted for the test to be performed.</p> <p>* Some tests may be sub-contracted to qualified laboratories. Submitter will be contacted for permission if this will incur additional charges.</p>	<input checked="" type="checkbox"/> Mark Sample	Fixed	Fresh	<input checked="" type="checkbox"/> Mark Sample	<input checked="" type="checkbox"/> Mark Test Sections	<input checked="" type="checkbox"/> (Lab. Use Only)
	<input type="checkbox"/> Biopsy / Mass <input type="checkbox"/> Brain <input type="checkbox"/> Lung <input type="checkbox"/> Liver <input type="checkbox"/> Kidney <input type="checkbox"/> Heart <input type="checkbox"/> Spleen <input type="checkbox"/> Lymph Node <input type="checkbox"/> Stomach <input type="checkbox"/> Rumen <input type="checkbox"/> Intestine <input type="checkbox"/> Colon <input type="checkbox"/> Placenta <input type="checkbox"/> Whole Body <input type="checkbox"/> Other:	<input type="checkbox"/> Blood #_____ <input type="checkbox"/> Serum #_____ <input type="checkbox"/> Urine #_____ <input type="checkbox"/> Milk #_____ <input type="checkbox"/> Swab #_____ <input type="checkbox"/> Slide #_____ <input type="checkbox"/> Aspirate <input type="checkbox"/> Vitreous Humor <input type="checkbox"/> Aqueous Humor <input type="checkbox"/> GI Contents <input type="checkbox"/> Feces <input type="checkbox"/> Hay <input type="checkbox"/> Feed <input type="checkbox"/> Water <input type="checkbox"/> Other:	<input type="checkbox"/> Necropsy <input type="checkbox"/> Disposal Only <input type="checkbox"/> Histopathology <input type="checkbox"/> Cytology <input type="checkbox"/> Bacteriology <input type="checkbox"/> Mycology <input type="checkbox"/> Virology <input type="checkbox"/> Molecular/PCR <input type="checkbox"/> Serology <input type="checkbox"/> Toxicology <input type="checkbox"/> Parasitology <input type="checkbox"/> Rabies, ADPH <input type="checkbox"/> AUCVM <input type="checkbox"/> Other: <input type="checkbox"/> Other:	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____		

*** for surgical pathology/dermatopathology see back*

History / Clinical Signs:

***Attach additional pages if needed*

Treatment: _____ Diagnosis / Differential: _____

Health History: _____

Euthanized Died Date _____ Legal Insured Rabies Suspect

Herd status (if applicable): _____ # Herd: _____ # Sick: _____ # Dead: _____

Print Name _____ Signature _____ Date _____

Vet:	Owner:	Accession #:
Bacteriology/PCR <input type="checkbox"/> Aerobic culture/ sensitivity <input type="checkbox"/> Anaerobic culture <input type="checkbox"/> Fungal culture <input type="checkbox"/> Campylobacter culture <input type="checkbox"/> Chlamydomphila ELISA <input type="checkbox"/> Johne's culture <input type="checkbox"/> Mycoplasma culture/PCR <input type="checkbox"/> Salmonella culture <input type="checkbox"/> Tritrichomonas culture/PCR Stains <input type="checkbox"/> Gram stain <input type="checkbox"/> Acid fast stain <input type="checkbox"/> Auramine-O acid fast (Cryptosporidium) <input type="checkbox"/> Fluorescent antibody (Clostridium spp.) <input type="checkbox"/> Other _____	Serology Bovine <input type="checkbox"/> Abortion panel <input type="checkbox"/> Anaplasmosis <input type="checkbox"/> Bluetongue virus <input type="checkbox"/> Bovine brucellosis <input type="checkbox"/> Bovine leukosis virus <input type="checkbox"/> Bovine respiratory syncytial virus <input type="checkbox"/> Bovine viral diarrhea virus (Pestivirus) <input type="checkbox"/> Infectious bovine rhinotracheitis, IBR (Bovine herpesvirus-1) <input type="checkbox"/> Parainfluenza 3 <input type="checkbox"/> Johne's disease (M. avium paratuberculosis) <input type="checkbox"/> Toxoplasmosis <input type="checkbox"/> Neosporosis Ovine/Caprine <input type="checkbox"/> Caprine arthritis and encephalitis <input type="checkbox"/> Ovine brucellosis <input type="checkbox"/> Ovine progressive pleuropneumonia Equine <input type="checkbox"/> Equine infectious anemia (separate form) <input type="checkbox"/> Eastern equine encephalitis, EEE <input type="checkbox"/> Equine herpesvirus-1 <input type="checkbox"/> Equine viral arteritis <input type="checkbox"/> West Nile virus Canine <input type="checkbox"/> Brucella canis <input type="checkbox"/> Blastomycosis <input type="checkbox"/> Histoplasmosis Feline <input type="checkbox"/> Feline leukemia virus <input type="checkbox"/> Feline immunodeficiency virus <input type="checkbox"/> Feline infectious peritonitis, FIP (Coronavirus) Porcine <input type="checkbox"/> Brucellosis <input type="checkbox"/> Classical swine fever (Cholera, Pestivirus) <input type="checkbox"/> Parvovirus <input type="checkbox"/> Pseudorabies Multiple Species / Miscellaneous <input type="checkbox"/> Leptospirosis Panel <input type="checkbox"/> IgG (Passive transfer) <input type="checkbox"/> Other _____	Virology/PCR Bovine <input type="checkbox"/> Bluetongue virus <input type="checkbox"/> Bovine respiratory syncytial virus <input type="checkbox"/> Bovine viral diarrhea virus (Pestivirus) <input type="checkbox"/> Coronavirus <input type="checkbox"/> Herpesvirus 5 <input type="checkbox"/> Infectious bovine rhinotracheitis, IBR (Bovine herpesvirus-1) <input type="checkbox"/> Parainfluenza 3 Cervid <input type="checkbox"/> Bluetongue virus <input type="checkbox"/> Epizootic hemorrhagic disease virus Ovine/ Caprine <input type="checkbox"/> Contagious ecthyma (Parapoxvirus) Equine <input type="checkbox"/> Eastern equine encephalitis, EEE <input type="checkbox"/> Equine herpesvirus-1 <input type="checkbox"/> Equine viral arteritis <input type="checkbox"/> West Nile virus Canine <input type="checkbox"/> Coronavirus <input type="checkbox"/> Distemper virus <input type="checkbox"/> Hepatitis virus (Adenovirus) <input type="checkbox"/> Herpesvirus <input type="checkbox"/> Parvovirus Feline <input type="checkbox"/> Calicivirus <input type="checkbox"/> Feline infectious peritonitis, FIP (Coronavirus) <input type="checkbox"/> Panleukopenia virus <input type="checkbox"/> Viral rhinotracheitis (Feline herpesvirus) Miscellaneous <input type="checkbox"/> Rotavirus <input type="checkbox"/> Other _____ Parasitology <input type="checkbox"/> Fecal flotation <input type="checkbox"/> Protozoa, coccidia <input type="checkbox"/> Parasite identification <input type="checkbox"/> Tritrichomonas culture/PCR <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____

Surgical Pathology / Dermatopathology

<input checked="" type="checkbox"/> Mark Lesion		
<input type="checkbox"/> Mass <input type="checkbox"/> Multiple masses <input type="checkbox"/> Alopecia <input type="checkbox"/> Pruritus <input type="checkbox"/> Hypotrichia <input type="checkbox"/> Erythema	<input type="checkbox"/> Erosion <input type="checkbox"/> Ulceration <input type="checkbox"/> Hyperkeratosis <input type="checkbox"/> Scales <input type="checkbox"/> Crust <input type="checkbox"/> Papules	<input type="checkbox"/> Macules <input type="checkbox"/> Pustules <input type="checkbox"/> Vesicles <input type="checkbox"/> Hyperpigmentation <input type="checkbox"/> Depigmentation <input type="checkbox"/> Other: _____
Distribution _____		
Duration _____		
Treatment _____		
Response _____		
Diagnosis/ Differential _____		

Mark Lesion / Biopsy site(s)	
Dorsal	Ventral
	