



Alabama Veterinary Diagnostic Laboratory System
www.labs.alabama.gov

- Thompson Bishop Sparks State Diagnostic Lab**
890 Simms Rd.
Auburn, AL 36832
Ph: (334) 844-4987
Fax: (334) 844-7206
- Mitchem-Sparks Diagnostic Lab**
1833 Industrial Blvd
Boaz, AL 35957
Ph: (256) 593-2995
Fax: (256) 593-2996
- Hinton Mitchem Poultry Diagnostic Lab**
1001 Industrial Dr
Hanceville, AL 35077
Ph: (256) 352-8036
Fax: (256) 352-8038
- J. B. Taylor Diagnostic Lab**
495 State Road 203
Elba, AL 36323
Ph: (334) 897-6340
Fax: (334) 897-0272

AVDL ACCESSION #:		
DATE RECEIVED:	Regional Lab	Auburn Lab
CASE COORDINATOR:		
<input type="checkbox"/> CHARGE <input type="checkbox"/> N/C PAID: \$ <input type="checkbox"/> CASH <input type="checkbox"/> CHECK #		
Regional Lab Tech Initials	Auburn Lab Tech Initials	
<input type="checkbox"/> USPS <input type="checkbox"/> UPS <input type="checkbox"/> FEDEX <input type="checkbox"/> OTHER:		
Submitted by: <input type="checkbox"/> Veterinarian <input type="checkbox"/> Owner <input type="checkbox"/> Other:		

General Submission Form

Please check www.labs.alabama.gov for submission recommendations and our current fee schedule.
Some tests may be subcontracted/referred to qualified laboratories. Submitter will be contacted for permission if this will incur additional charges.
All submitted samples and sample data become property of ADAI. Remains of animals cannot be returned to clients, but cremation can be arranged by the client if desired.

Veterinarian		Owner	
Clinic		Business	
License#	Account#	County	Premise ID
Address		Address	
City	State	Zip	
City		State	Zip
Phone	Fax		
Fax	Email		
Email	Previous Case # (if applicable)		

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:
Report preference: <input type="checkbox"/> email <input type="checkbox"/> fax <input type="checkbox"/> mail	Bill preference: <input type="checkbox"/> email <input type="checkbox"/> fax <input type="checkbox"/> mail

Results will be shared only with client(s) checked in the "Report to" section; however, results may also be shared with the vet/clinic listed unless client requests otherwise. For multiple animals use the multiple animal continuation form. Animal ID numbers for deer or deer heads submitted will be shared with ADCNR.

Specimen: Whole body Fresh Tissue Fixed Tissue Blood Serum Urine Feed/Hay Other _____

Animal Name or ID	Species	Breed	Test sections	Lab Use Only
Sex	Age	<input type="checkbox"/> Years <input type="checkbox"/> Months <input type="checkbox"/> Days	<input type="checkbox"/> Necropsy <input type="checkbox"/> Practitioner <input type="checkbox"/> Necropsy <input type="checkbox"/> Disposal Only <input type="checkbox"/> Histopathology <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"/> CWD <input type="checkbox"/> BSE <input type="checkbox"/> Scrapie <input type="checkbox"/> HOLD <input type="checkbox"/> Other:	_____
History (diet, vaccine, nutrition, illnesses, herd, etc.):			Branch Lab Tests (Lab Use Only) <input type="checkbox"/> Necropsy <input type="checkbox"/> Practitioner <input type="checkbox"/> Necropsy <input type="checkbox"/> Bacteriology <input type="checkbox"/> Mycology <input type="checkbox"/> Serology <input type="checkbox"/> Rabies, ADPH <input type="checkbox"/> USDA <input type="checkbox"/> BSE <input type="checkbox"/> Scrapie <input type="checkbox"/> HOLD <input type="checkbox"/> Parasitology <input type="checkbox"/> Other:	_____
Clinical signs/symptoms:				_____
Recent changes (diet, herd, travel, etc):				_____
Treatment/Medications:				_____
Diagnosis/differentials:			_____	
#Herd _____ #Sick _____ #Dead _____			_____	
Test request(s): Check back of form for test selection or write in space above. If no tests are requested, tests will be performed at the discretion of the pathologist. Necropsy fees include all in-house tests performed.			_____	

IF NECROPSY: Date of death: _____ Died Euthanized Method of euthanasia: Barbiturate Other (specify) _____

IF RABIES SUSPECT: Rabies testing only Rabies testing plus necropsy Legal (+\$75 fee) Insured (+\$75 fee)

DISPOSAL: Routine disposal (included) Cremation (arranged & paid for by client) Cremation service: _____

Print Name _____ **Signature** _____ **Date** _____

Mammal Specimens & Tests				Accession #
Bacteriology/Mycology		Virology		
Specimen <input type="checkbox"/> Lung <input type="checkbox"/> Liver <input type="checkbox"/> Kidney <input type="checkbox"/> Spleen <input type="checkbox"/> Sm. Intestine <input type="checkbox"/> Lg. Intestine/Cecum <input type="checkbox"/> Brain <input type="checkbox"/> Muscle <input type="checkbox"/> Lymph Node <input type="checkbox"/> Urine <input type="checkbox"/> Feces <input type="checkbox"/> Swab <input type="checkbox"/> Abscess/Lesion <input type="checkbox"/> _____ <input type="checkbox"/> Cytology/impression slide <input type="checkbox"/> Other: _____	Tests <input type="checkbox"/> Aerobic culture/sensitivity <input type="checkbox"/> Anaerobic culture <input type="checkbox"/> Fungal culture <input type="checkbox"/> Brucella culture <input type="checkbox"/> Salmonella culture <input type="checkbox"/> Campylobacter culture <input type="checkbox"/> Johne's culture <input type="checkbox"/> Listeria culture <input type="checkbox"/> Listeria cold enrichment culture (brain only) <input type="checkbox"/> Other: _____ Stains <input type="checkbox"/> Cryptosporidium: Auramine-O acid fast stain <input type="checkbox"/> Blackleg: Fluorescent antibody <input type="checkbox"/> Other: _____ Instructions: _____	Specimen <input type="checkbox"/> Lung <input type="checkbox"/> Liver <input type="checkbox"/> Kidney <input type="checkbox"/> Spleen <input type="checkbox"/> Brain <input type="checkbox"/> Small intestine <input type="checkbox"/> Lymph node <input type="checkbox"/> Ear notch <input type="checkbox"/> Retropharyngeal lymph nodes (fresh)* <input type="checkbox"/> Obex (whole, fresh)* <input type="checkbox"/> Ear tag w/skin* <input type="checkbox"/> Feces <input type="checkbox"/> Swab: _____ <input type="checkbox"/> Other: _____	Feline <input type="checkbox"/> Calicivirus FA <input type="checkbox"/> Herpes (FVR-1) FA <input type="checkbox"/> Panleukopenia virus FA Canine <input type="checkbox"/> Coronavirus FA <input type="checkbox"/> Adenovirus FA Cervid <input type="checkbox"/> CWD ELISA*	Bovine <input type="checkbox"/> Coronavirus FA <input type="checkbox"/> Parainfluenza 3 FA <input type="checkbox"/> BVD Ear Notch ELISA Ovine/ Caprine <input type="checkbox"/> Contagious ecthyma FA Multiple species <input type="checkbox"/> Rotavirus ELISA <input type="checkbox"/> Other: _____ Instructions: _____
Toxicology		Molecular/PCR		
Specimen† <input type="checkbox"/> Liver <input type="checkbox"/> Kidney <input type="checkbox"/> Stomach contents <input type="checkbox"/> Serum <input type="checkbox"/> Blood <input type="checkbox"/> Vitreous Humor <input type="checkbox"/> Aqueous Humor <input type="checkbox"/> Feed <input type="checkbox"/> Hay <input type="checkbox"/> Other: _____ Instructions: _____	Tests <input type="checkbox"/> Cyanide <input type="checkbox"/> Ethylene glycol <input type="checkbox"/> Insecticide screen+ <input type="checkbox"/> Rodenticide screen+ <input type="checkbox"/> Strychnine <input type="checkbox"/> Arsenic <input type="checkbox"/> Cadmium <input type="checkbox"/> Calcium* <input type="checkbox"/> Phosphorus <input type="checkbox"/> Chromium <input type="checkbox"/> Copper* <input type="checkbox"/> Iron <input type="checkbox"/> Lead* <input type="checkbox"/> Magnesium* <input type="checkbox"/> Potassium <input type="checkbox"/> Selenium* <input type="checkbox"/> Salt (feed only) <input type="checkbox"/> Zinc* <input type="checkbox"/> Nitrate & Nitrite <input type="checkbox"/> pH <input type="checkbox"/> Mycotoxins(feed only): <input type="checkbox"/> Aflatoxin <input type="checkbox"/> Deoxynivalenol <input type="checkbox"/> Fumonisin B1 <input type="checkbox"/> Ochratoxin <input type="checkbox"/> Ionophores (feed only) <input type="checkbox"/> Feed visual exam <input type="checkbox"/> Bone ash <input type="checkbox"/> Urolith analysis <input type="checkbox"/> Other: _____	Specimen <input type="checkbox"/> Lung <input type="checkbox"/> Liver <input type="checkbox"/> Kidney <input type="checkbox"/> Spleen <input type="checkbox"/> Brain <input type="checkbox"/> Intestine <input type="checkbox"/> Lymph node <input type="checkbox"/> Blood in EDTA (BVD, BT only) <input type="checkbox"/> Swab: _____ <input type="checkbox"/> _____ <input type="checkbox"/> Other: _____ Instructions: _____	Bovine/Ovine/Caprine <input type="checkbox"/> BRSV <input type="checkbox"/> BVDV <input type="checkbox"/> IBR <input type="checkbox"/> Mycoplasma** <input type="checkbox"/> Bluetongue <input type="checkbox"/> Chlamydia** <input type="checkbox"/> Tritrichomonas (bovine only) Porcine <input type="checkbox"/> PEDV <input type="checkbox"/> Swine influenza <input type="checkbox"/> Mycoplasma** Cervid <input type="checkbox"/> Bluetongue virus <input type="checkbox"/> EHDV <input type="checkbox"/> Mycoplasma**	Canine <input type="checkbox"/> Herpesvirus <input type="checkbox"/> Parvovirus <input type="checkbox"/> Distemper virus <input type="checkbox"/> Influenza <input type="checkbox"/> Mycoplasma** Feline <input type="checkbox"/> Coronavirus (FCoV) <input type="checkbox"/> Chlamydia** <input type="checkbox"/> Mycoplasma** <input type="checkbox"/> Influenza Equine <input type="checkbox"/> EEE (sent to NVSL) <input type="checkbox"/> EHV-1 [§] <input type="checkbox"/> WNV** <input type="checkbox"/> EVA <input type="checkbox"/> Influenza
†Please submit liver, kidney, and stomach or rumen contents on all necropsies when Toxicology is requested. *Limited testing; call for more information **Special blood/serum sampling tube required; please call 334-844-7251 for details		**Available on multiple/other species		
Serology		Histopathology (Necropsy)		
Porcine <input type="checkbox"/> Brucella suis <input type="checkbox"/> Pseudorabies Ovine/Caprine <input type="checkbox"/> CAE <input type="checkbox"/> Ovine progressive pleuropneumonia <input type="checkbox"/> Johne's disease (caprine) Canine <input type="checkbox"/> Brucella canis <input type="checkbox"/> Leptospirosis panel Feline <input type="checkbox"/> FELV <input type="checkbox"/> FIV <input type="checkbox"/> Coronavirus (FCoV)	Bovine <input type="checkbox"/> Bovine abortion panel <input type="checkbox"/> Anaplasmosis <input type="checkbox"/> Bluetongue virus <input type="checkbox"/> Brucellosis (B. abortus) <input type="checkbox"/> BVDV VN <input type="checkbox"/> IBR <input type="checkbox"/> Neosporosis <input type="checkbox"/> Leptospirosis panel <input type="checkbox"/> Bovine respiratory panel <input type="checkbox"/> BVDV VN <input type="checkbox"/> IBR <input type="checkbox"/> PI-3 <input type="checkbox"/> BRSV <input type="checkbox"/> Bovine leukosis virus <input type="checkbox"/> Johne's disease <input type="checkbox"/> IgG (passive transfer) <input type="checkbox"/> BVDV antigen capture ELISA (PI)	Equine <input type="checkbox"/> EIA/Coggins (separate form) <input type="checkbox"/> EVA <input type="checkbox"/> EEE <input type="checkbox"/> EHV-1 [§] <input type="checkbox"/> WNV Multiple Species <input type="checkbox"/> Leptospirosis panel <input type="checkbox"/> Bluetongue <input type="checkbox"/> Brucella abortus/suis Instructions: _____	<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"/> Thymus <input type="checkbox"/> Muscle <input type="checkbox"/> Bone marrow <input type="checkbox"/> Stomach <input type="checkbox"/> Rumen <input type="checkbox"/> Intestine <input type="checkbox"/> Cecum <input type="checkbox"/> Colon <input type="checkbox"/> Tonsil <input type="checkbox"/> Adrenal <input type="checkbox"/> Thyroid <input type="checkbox"/> Uterus <input type="checkbox"/> Umbilicus <input type="checkbox"/> Ovary <input type="checkbox"/> Testicle <input type="checkbox"/> Mammary <input type="checkbox"/> Placenta <input type="checkbox"/> Trachea <input type="checkbox"/> U. bladder <input type="checkbox"/> Other: _____	
		Parasitology		
		<input type="checkbox"/> Fecal flotation (centrifugation) <input type="checkbox"/> Zinc Sulfate Flotation <input type="checkbox"/> McMasters Egg Count		

[§]Please note this EHV-1 test will not differentiate neurologic form from respiratory form; please call for more information.
 Indicate all submitted samples and the appropriate test section(s).