



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 College 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) 897-8813

General Submission Form

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:		

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

For multiple animals use the multiple animal continuation form. Animal ID numbers for deer or deer heads submitted will be shared with ADCNR.

Specimen: <input type="checkbox"/> Whole body <input type="checkbox"/> Fresh Tissue <input type="checkbox"/> Fixed Tissue <input type="checkbox"/> Blood <input type="checkbox"/> Serum <input type="checkbox"/> Urine <input type="checkbox"/> Feed/Hay <input type="checkbox"/> Other			
Animal ID or name	Species	Breed	<input checked="" type="checkbox"/> Test Sections
Sex	Age	<input type="checkbox"/> Years <input type="checkbox"/> Months <input type="checkbox"/> Days	<input type="checkbox"/> Necropsy
History (diet, vaccine, nutrition, illnesses, herd, etc.):		Regional Lab Tests <input type="checkbox"/> Necropsy <input type="checkbox"/> Practitioner 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:	<input type="checkbox"/> Practitioner
Clinical signs/symptoms:			<input type="checkbox"/> Necropsy
Recent changes (diet, herd, travel, etc):			<input type="checkbox"/> Disposal Only
Treatment/Medications:			<input type="checkbox"/> Histopathology
Diagnosis/differentials:			<input type="checkbox"/> Bacteriology
#Herd____ #Sick____ #Dead:____ <i>Attach additional sheets if needed.</i>			<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:	

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"/> 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 & fixed* <input type="checkbox"/> 1/2 obex fresh & 1/2 obex fixed* <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"/> Coronavirus (FCoV) FA <input type="checkbox"/> Herpes (FVR-1) FA <input type="checkbox"/> Panleukopenia virus FA Canine <input type="checkbox"/> Coronavirus FA <input type="checkbox"/> Distemper virus FA <input type="checkbox"/> Adenovirus FA <input type="checkbox"/> Herpesvirus FA <input type="checkbox"/> Parvovirus 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: _____ **Please submit liver, kidney, and stomach or rumen contents on all necropsies when Toxicology is requested.	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 <input type="checkbox"/> Zinc <input type="checkbox"/> Nitrate & Nitrite <input type="checkbox"/> pH Mycotoxins: <input type="checkbox"/> Aflatoxin <input type="checkbox"/> Deoxynivalenol <input type="checkbox"/> Fumonisin B1 <input type="checkbox"/> Ochratoxin <input type="checkbox"/> Ionophores <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"/> Swab: _____ <input type="checkbox"/> Brain, Heart, Spleen <input type="checkbox"/> Other: _____ Instructions: _____	Bovine Bovine respiratory <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 Equine <input type="checkbox"/> EEE (sent to NVSL) <input type="checkbox"/> EHV-1 (respiratory) <input type="checkbox"/> WNV <input type="checkbox"/> EVA Porcine <input type="checkbox"/> PEDV Cervid <input type="checkbox"/> Bluetongue virus <input type="checkbox"/> EHDV Canine <input type="checkbox"/> Herpesvirus Multiple species <input type="checkbox"/> Mycoplasma <input type="checkbox"/> WNV <input type="checkbox"/> Chlamydia <input type="checkbox"/> Clostridium perfringens <input type="checkbox"/> Influenza	
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 Bovine abortion panel <input type="checkbox"/> Anaplasmosis <input type="checkbox"/> Bluetongue virus <input type="checkbox"/> Brucellosis (B. abortus) <input type="checkbox"/> BVDV <input type="checkbox"/> IBR <input type="checkbox"/> Neosporosis <input type="checkbox"/> Leptospirosis panel Bovine respiratory panel <input type="checkbox"/> BVDV <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)	Equine <input type="checkbox"/> EIA/Coggins (separate form) <input type="checkbox"/> EVA <input type="checkbox"/> EEE <input type="checkbox"/> EHV-1 (respiratory) <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"/> 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"/> 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"/> Bone marrow <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	
		Parasitology		
		<input type="checkbox"/> Fecal flotation (centrifugation) <input type="checkbox"/> Direct smear <input type="checkbox"/> Zinc Sulfate Flotation <input type="checkbox"/> McMasters Egg Count <input type="checkbox"/> Kaplan Lab McMasters		

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.