



**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  
Fx: (334) 844-7206
- Mitchem-Sparks Diagnostic Lab.  
1833 Industrial Blvd  
Boaz, AL 35957  
Ph: (256) 593-2995  
Fx: (256) 593-2996
- Hinton Mitchem Poultry Diagnostic Lab.  
1001 College Dr.  
Hanceville, AL 35077  
Ph: (256) 352-8036  
Fx: (256) 352-8038
- J. B. Taylor Diagnostic Lab.  
495 State Road 203  
Elba, AL 36323  
Ph: (334) 897-6340  
Fx: (334) 897-8813

<b>AVDL ACCESSION #:</b>		
<b>DATE RECEIVED:</b>	Regional Lab.	Auburn Lab.
<b>CASE COORDINATOR:</b>		
<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

\*ALL submitted samples become the property of AVDL\*

\*Some tests may be sub-contracted to qualified laboratories. Submitter will be contacted for permission if this will incur additional charges\*

Veterinarian	Owner
Clinic	Business
License#	Account#
County	County
Address	Address
City                      State                      Zip	City                      State                      Zip
Phone	Phone                      Fax
Fax	Email
Email	Previous Case #

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

\*For surgical pathology see back

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"/> Feed/Hay <input type="checkbox"/> Other _____			
Animal ID	Species	Breed	<input checked="" type="checkbox"/> <b>Test Sections</b> <input type="checkbox"/> Necropsy <input type="checkbox"/> Practitioner Nec. <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"/> CWD <input type="checkbox"/> BSE <input type="checkbox"/> Scrapie <input type="checkbox"/> HOLD <input type="checkbox"/> Other: _____ <input type="checkbox"/> Parasitology: _____
Sex	Age	<input type="checkbox"/> Years <input type="checkbox"/> Months <input type="checkbox"/> Days	<b>(Lab. Use Only)</b>
History / Clinical Signs:		<b>Regional Lab Tests</b> <input type="checkbox"/> Necropsy <input type="checkbox"/> Practitioner Nec. <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"/> Other: _____ <input type="checkbox"/> Parasitology: _____	<input type="checkbox"/> Necropsy <input type="checkbox"/> Practitioner Nec. <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"/> CWD <input type="checkbox"/> BSE <input type="checkbox"/> Scrapie <input type="checkbox"/> HOLD <input type="checkbox"/> Other: _____

Treatment: \_\_\_\_\_      Diagnosis/Differential: \_\_\_\_\_

Euthanized    Died   Date \_\_\_\_\_       Legal       Insured       Rabies Suspect

Herd status (if applicable): \_\_\_\_\_      # Herd: \_\_\_\_\_      # Sick: \_\_\_\_\_      # Dead: \_\_\_\_\_

Print Name \_\_\_\_\_      Signature \_\_\_\_\_      Date \_\_\_\_\_

\*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\*

\*The appropriate sample must be submitted for the test to be performed\*

Specimens & Tests				Accession #			
<b>Bacteriology/Mycology</b>		<b>Virology</b>					
<b>Specimen</b>	<b>Mammal / Avian Tests</b>	<b>Specimen</b>	<b>Mammal Tests</b>	<b>Avian Tests</b>			
<input type="checkbox"/> Lung <input type="checkbox"/> Liver <input type="checkbox"/> Kidney <input type="checkbox"/> Spleen <input type="checkbox"/> Brain <input type="checkbox"/> Skin <input type="checkbox"/> Lymph Node <input type="checkbox"/> Conjunctiva <input type="checkbox"/> Urine <input type="checkbox"/> Feces <input type="checkbox"/> Sm. Intestine <input type="checkbox"/> Lg. Intestine/Cecum <input type="checkbox"/> Joint/Bone Marrow <input type="checkbox"/> Swab <input type="checkbox"/> _____ <input type="checkbox"/> Abscess/Lesion <input type="checkbox"/> Choana <input type="checkbox"/> Cloaca <input type="checkbox"/> Air sac <input type="checkbox"/> Joint <input type="checkbox"/> Cytology/impression slide <input type="checkbox"/> Other:	<input type="checkbox"/> Aerobic culture/sensitivity <input type="checkbox"/> Anaerobic culture <input type="checkbox"/> Fungal culture <input type="checkbox"/> Salmonella culture <input type="checkbox"/> Other: <b>Mammal Tests</b> <input type="checkbox"/> Campylobacter culture <input type="checkbox"/> Johne's culture <input type="checkbox"/> Listeria <b>Avian Tests</b> <input type="checkbox"/> Botulinum toxin bioassay (Type C) <b>Stains</b> <input type="checkbox"/> Gram stain <input type="checkbox"/> Acid fast stain <input type="checkbox"/> Auramine-O acid fast (Cryptosporidium) <input type="checkbox"/> Fluorescent antibody (Blackleg) <input type="checkbox"/> Other: <b>Instructions:</b>	<input type="checkbox"/> Lung <input type="checkbox"/> Liver <input type="checkbox"/> Kidney <input type="checkbox"/> Spleen <input type="checkbox"/> Brain <input type="checkbox"/> Lesion <input type="checkbox"/> Lymph Node <input type="checkbox"/> Trachea <input type="checkbox"/> Cecal Tonsil <input type="checkbox"/> Thymus <input type="checkbox"/> Conjunctiva <input type="checkbox"/> Tendon <input type="checkbox"/> Feces <input type="checkbox"/> Sm. Intestine <input type="checkbox"/> Swab: <input type="checkbox"/> _____ <input type="checkbox"/> Eye <input type="checkbox"/> Nasal <input type="checkbox"/> Other:	<b>Feline</b> <input type="checkbox"/> Calicivirus FA <input type="checkbox"/> FIP FA <input type="checkbox"/> Panleukopenia virus FA <input type="checkbox"/> Viral rhinotracheitis FA <b>Canine</b> <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 <b>Bovine</b> <input type="checkbox"/> Coronavirus FA <input type="checkbox"/> Parainfluenza 3 FA <input type="checkbox"/> BVD Ear Notch ELISA <b>Ovine/ Caprine</b> <input type="checkbox"/> Contagious ecthyma FA <b>Mammal Miscellaneous</b> <input type="checkbox"/> Rotavirus ELISA <input type="checkbox"/> Other:	<input type="checkbox"/> Adenovirus <input type="checkbox"/> Enteric Virus profile <input type="checkbox"/> Astrovirus <input type="checkbox"/> Rotavirus <input type="checkbox"/> Reovirus (VA, Enteric) <input type="checkbox"/> Reticuloendotheliosis virus <input type="checkbox"/> Pox <input type="checkbox"/> Respiratory Virus Profile (IBV, NDV, LTV, AIV) <input type="checkbox"/> Other: <b>Instructions:</b>			
<b>Toxicology</b>		<b>Molecular/PCR</b>					
<b>Specimen</b>	<b>Tests</b>	<b>Specimen</b>	<b>Mammal Tests</b>	<b>Avian Tests</b>			
<input type="checkbox"/> Liver <input type="checkbox"/> Kidney <input type="checkbox"/> Stomach Contents <input type="checkbox"/> Crop/Gizzard Cts. <input type="checkbox"/> Serum <input type="checkbox"/> Blood <input type="checkbox"/> Hair <input type="checkbox"/> Fat <input type="checkbox"/> Vitreous Humor <input type="checkbox"/> Aqueous Humor <input type="checkbox"/> Feed <input type="checkbox"/> Hay <input type="checkbox"/> Other:	<input type="checkbox"/> Cyanide <input type="checkbox"/> Ethylene Glycol <input type="checkbox"/> Insecticide screen <input type="checkbox"/> Rodenticide screen <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"/> Vitamin A <input type="checkbox"/> Vitamin E <input type="checkbox"/> Sodium/Salt <input type="checkbox"/> Zinc <input type="checkbox"/> Nitrate & Nitrite <input type="checkbox"/> pH <input type="checkbox"/> Mycotoxin-Aflatoxin <input type="checkbox"/> Ionophores <input type="checkbox"/> Nutrient Panel: fat, fiber, protein, Urea(NPN) <input type="checkbox"/> Feed visual exam <input type="checkbox"/> Bone ash <input type="checkbox"/> Urolith analysis <input type="checkbox"/> Other:	<input type="checkbox"/> Lung <input type="checkbox"/> Liver <input type="checkbox"/> Spleen <input type="checkbox"/> Thymus <input type="checkbox"/> Brain <input type="checkbox"/> Intestine <input type="checkbox"/> Swab: <input type="checkbox"/> _____ <input type="checkbox"/> Cloaca (BHI) <input type="checkbox"/> Pharyngeal(BHI) <input type="checkbox"/> Trachea <input type="checkbox"/> Brain,Heart,Spleen <input type="checkbox"/> Other:	<b>Bovine</b> <input type="checkbox"/> Bluetongue virus <input type="checkbox"/> BRSV <input type="checkbox"/> BVDV <input type="checkbox"/> Chlamydia <input type="checkbox"/> IBR <input type="checkbox"/> Mycoplasma <input type="checkbox"/> Trichomonas PCR <b>Cervid</b> <input type="checkbox"/> Bluetongue virus <input type="checkbox"/> EHDV <b>Equine</b> <input type="checkbox"/> EEE <input type="checkbox"/> EHV-1 <input type="checkbox"/> EVA <input type="checkbox"/> WNV <b>Miscellaneous</b> <input type="checkbox"/> Mycoplasma <input type="checkbox"/> WNV	<input type="checkbox"/> Mycoplasma gallisepticum (MG) <input type="checkbox"/> Mycoplasma synoviae (MS) <input type="checkbox"/> Avibacterium paragallinarum <input type="checkbox"/> Respiratory Virus Profile <input type="checkbox"/> LT <input type="checkbox"/> IBV <input type="checkbox"/> AI <input type="checkbox"/> NDV <input type="checkbox"/> Enteric Virus profile <input type="checkbox"/> Astrovirus <input type="checkbox"/> Rotavirus <input type="checkbox"/> Parvovirus <input type="checkbox"/> Reovirus <input type="checkbox"/> Chicken Infectious Anemia <input type="checkbox"/> Avian Leukosis virus subgroup J <input type="checkbox"/> Adenovirus <input type="checkbox"/> Polyomavirus <input type="checkbox"/> WNV <input type="checkbox"/> EEE			
<b>AUCVM/Parasitology</b>							
<input type="checkbox"/> Fecal flotation <input type="checkbox"/> Protozoa, coccidia <input type="checkbox"/> Zinc Sulfate Flotation (Giardia)		<input type="checkbox"/> McMasters Egg Count <input type="checkbox"/> Parasite identification <input type="checkbox"/> Other:					
<b>Avian Serology</b>		<b>Mammal Serology</b>		<b>Pathology (Necropsy/Practitioner Necropsy)</b>			
<b>Bacterial Serology</b> <input type="checkbox"/> Mycoplasma gallisepticum <input type="checkbox"/> Mycoplasma synoviae <input type="checkbox"/> Mycoplasma HI test <input type="checkbox"/> Salmonella pullorum <input type="checkbox"/> Salmonella other <input type="checkbox"/> Other:		<b>Bovine</b> <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"/> BRSV SN <input type="checkbox"/> BVDV SN <input type="checkbox"/> IBR SN <input type="checkbox"/> PI3 SN <input type="checkbox"/> Johne's disease <input type="checkbox"/> Neosporosis <b>Ovine/Caprine</b> <input type="checkbox"/> CAE <input type="checkbox"/> Ovine brucellosis <input type="checkbox"/> Ovine progressive pleuropneumonia <b>Porcine</b> <input type="checkbox"/> Brucellosis <input type="checkbox"/> Pseudorabies		<b>Equine</b> <input type="checkbox"/> EIA/Coggins (separate form) <input type="checkbox"/> EEE ELISA <input type="checkbox"/> EHV-1 SN <input type="checkbox"/> EVA SN <input type="checkbox"/> WNV ELISA <b>Canine</b> <input type="checkbox"/> Brucella canis <input type="checkbox"/> Blastomycosis <input type="checkbox"/> Histoplasmosis <b>Feline</b> <input type="checkbox"/> FELV <input type="checkbox"/> FIV <input type="checkbox"/> FIP (Coronavirus) <b>Multiple Species / Misc.</b> <input type="checkbox"/> Leptospirosis Panel <input type="checkbox"/> IgG (Passive transfer) <input type="checkbox"/> EHD <input type="checkbox"/> Other:		<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"/> Cecum <input type="checkbox"/> Colon <input type="checkbox"/> Placenta <input type="checkbox"/> Uterus <input type="checkbox"/> Trachea <input type="checkbox"/> Bursa <input type="checkbox"/> Proventriculus <input type="checkbox"/> Gizzard <input type="checkbox"/> Eyelid <input type="checkbox"/> Thymus <input type="checkbox"/> Other: <input type="checkbox"/> Other:	
<b>Viral Serology</b>				<b>Surgical Pathology</b>			
<input type="checkbox"/> Avian Encephalomyelitis <input type="checkbox"/> Avian Influenza <input type="checkbox"/> Chicken Infectious Anemia <input type="checkbox"/> Infectious Bronchitis <input type="checkbox"/> Infectious Bursal Disease <input type="checkbox"/> Newcastle (paramyxovirus type 1) <input type="checkbox"/> Reovirus <input type="checkbox"/> Pneumovirus (referred to NVSL) <input type="checkbox"/> Other:				<input type="checkbox"/> Mass <input type="checkbox"/> Multiple Masses <input type="checkbox"/> Lesion:			
<b>Instructions:</b>		<b>Instructions:</b>		Duration: _____ Distribution: _____ Treatment: _____ Response: _____ Diagnosis/Differential: _____			