

# Tips on Filling Out the General Submission Form

Please type or print this information legibly to expedite sample processing and ensure accuracy. If you have any question about submitting samples to the Animal Health Diagnostic Center, call 607-253-3937, or visit our web site at [diagcenter.vet.cornell.edu](http://diagcenter.vet.cornell.edu).

Your account number with the Diagnostic Center is a required entry.

Please print *all* of the submitting veterinarian's information.

Written history is required on New York State Contract cases; and is appreciated for out-of-state submissions.

Make sure animal IDs match the IDs on your samples!

Enter species, age, and sex, if known.

Enter your own internal reference number here and it will appear on your bill, for easy referencing.

Please note: the owner's name and address are now *required* fields!

If you have a Premises ID, it must be filled in.

Required entries to qualify for New York State Contract.

Don't forget to fill in the date the samples were drawn!

**General 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  
Courier Service Address: Upper Tower Rd Ithaca, NY 14853

AHDC Contacts  
Phone: 607-253-3900  
Fax: 607-253-3943  
Web: [diaglab.vet.cornell.edu](http://diaglab.vet.cornell.edu)  
E-mail: [diaglab@cornell.edu](mailto:diaglab@cornell.edu)

LAB USE ONLY  
AHDC Accession No./Date  
Pathology Case Number (if any)

**PLEASE COMPLETE ALL FIELDS, PRINT LEGIBLY, AND ENTER ONLY ONE OWNER PER FORM**

Enter Your Cornell AHDC Acct No. \_\_\_\_\_ Your Internal Case/Reference No.\* \_\_\_\_\_

Veterinarian \_\_\_\_\_ Owner \_\_\_\_\_  
Clinic Name \_\_\_\_\_ Address \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_  
Phone Number (\_\_\_\_\_) \_\_\_\_\_ County \_\_\_\_\_ Town \_\_\_\_\_  
Fax Number (\_\_\_\_\_) \_\_\_\_\_ NYS Premise ID \_\_\_\_\_

Add'l instructions: \_\_\_\_\_ Testing purpose, if not clinical:  
 Export Country of Destination \_\_\_\_\_  
 Regulatory Shipper/Exporter \_\_\_\_\_

**ATTENTION:**  
 Check here for test results to be faxed; otherwise, they will be mailed.

**Clinical / Differential Diagnosis:** \_\_\_\_\_  
**History:** An adequate history *must* accompany submissions in order to qualify for NY State Contract charges (see AHDC Test & Fee Schedule).  
Date of onset of illness in herd \_\_\_\_\_  
In animals submitted \_\_\_\_\_  
Herd size \_\_\_\_\_  
No. dead \_\_\_\_\_  
No. affected \_\_\_\_\_  
(continue on back of page)

For previous related submissions, please enter Accession numbers and Dates here:  
Check if related material has been submitted previously for this animal(s):  Y  N  Unknown  
for this herd:  Y  N  Unknown

ANIMAL IDENTIFICATION					TYPE/SITE SPECIMEN(S) SUBMITTED	DATE TAKEN	TEST(S) REQUESTED (per animal)
NAME/NO.	SPECIES	BREED	SEX	AGE/DOB			
1					Identify and list tissues submitted.	List requested tests here for each animal.	
2							
3							
4							
5							
6							
7							
8							
9							
0							

Please note: Samples submitted for testing become the property of the Animal Health Diagnostic Center.

LAB USE ONLY

COURIER RECORD:  DHL  Mail  UPS-Grnd  UPS-ND  Other

DATE REC'D: \_\_\_\_\_ TIME REC'D: \_\_\_\_\_ DATE SHIP'D: \_\_\_\_\_

COOLANT RECORD:  FROZEN  NOT FROZEN  COMMENT: \_\_\_\_\_

DRY ICE  COLD PACK  NONE

RM TEMP  COOL  COLD

\*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). DL-100 9/05