INSTRUCTIONS TO COMPLETE SUBMISSION FORM

1. The individual submitting the specimen to the laboratory should date and sign in this field.

2. Complete this area by providing the requested client information. The final report will be faxed or mailed to this address (unless otherwise noted). Please check appropriate box for billing.

3. Please specify if the body needs to be saved for a cremation company. **Bodies are released to cremation companies ONLY**. Clinic or owner must make PRIOR arrangements directly with a cremation company. Possible litigation cases must make their own storage arrangements. AzVDL has no long-term storage and will only hold body for five days, after which our normal disposal procedures will be followed.

4. For necropsy cases, check Yes or No for litigation.

5. Enter animal information. Be as detailed as possible. Please note if the animal is a rabies or West Nile Virus suspect. Rabies cases require a Rabies Suspect Form, please contact the lab.

6. Specify test or tests requested. Please label each container with clinic name, owner and patient name. For Histopathology or Cytology, see section 9.

7. Specify the type of specimens submitted such as slides, fresh or formalin fixed tissues, swab, fluid, etc.

8. Specify the source of the specimen such as liver, spleen, mass, etc.

9. Complete this section for Histopathology and/or Cytology submissions including lesion description. Indicate the lesion location on the diagrams provided.

10. Enter clinical history, comments, or descriptions related to the sample. Be as specific as possible.

Where to obtain Submission Forms:
The current version of our submission form is included in this manual and can be copied or call the laboratory at (520) 621-2356 and we will mail, fax, or email a form to you.
(1) Date: __________________________ Specimen Relinquished by: ___________________________________________

(2) Bill to: (check appropriate box) * Payment is due at time of submission unless prior arrangements are made

☐ Veterinarian: ☐ Owner: 

Clinic: 
Address: 
City/State/Zip code: 
Phone: 
Fax: 
E-Mail: 

Report: Phone Y __ N __ Fax Y __ N __ Email Y __ N __ (3)**SAVE BODY Y __ N __ (4)POSSIBLE LITIGATION? Y __ N __**contact lab with cremation service choice

(5) Animal Name/ID: _______________________________ WNV? Y __ N __ Number in herd/flock: ____________
Sex: Male Female I S N Breed: ________________ (*Contact lab for Rabies Suspect Form) Date of death(s): _______

AZVDL USE ONLY: Condition of Specimen: Acceptable Not Acceptable
FFT __ FrT __ SS __ FO __ LTT __ RTT __ CL __ SW __ SR __ WB __ UR __ Milk __ CSF __ AN __ FC __ FE __ PL __ WA __ XX

(6) TEST(S) REQUESTED / SPECIAL REQUESTS: ***LABEL EACH CONTAINER – Clinic, owner and patient name**

[Blank]

(7) Specimen(s) Submitted: 
(8) Source(s) of specimen:

(9) HISTOPATHOLOGY
☐ STAT CYTOLOGY (ADDITIONAL $30.00 CHARGE APPLY)

☐ Incisional ☐ Endoscopic 
☐ Excisional ☐ Needle 

Please indicate lesion location: 
Dorsal Ventral 
L R R L 

Lesion description (size, margins, etc):

___________________________________________________________________________

(10) Clinical History: 

REPORT: Phone Fax Email on: Billed: Prepaid: