



NEVADA ANIMAL DISEASE LABORATORY SUBMISSION FORM

For Lab Use Only	
Acc #:	_____
Date Rec:	_____

Contact Information

Veterinarian's Name _____	Owner's Name _____
Clinic Name _____	Ranch Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____ Fax _____	Phone _____ Fax _____
E-mail _____	E-mail _____

Specimen Information

<input type="checkbox"/> Avian	<input type="checkbox"/> Bovine	Number in Herd: _____	Duration of Illness: _____
<input type="checkbox"/> Canine	<input type="checkbox"/> Caprine	Number Sick: _____	Date of Death: _____
<input type="checkbox"/> Equine	<input type="checkbox"/> Feline	Number Dead: _____	Euthanized? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Porcine	<input type="checkbox"/> Ovine	Disease/Condition Suspected: _____	
<input type="checkbox"/> Plant/Feed _____	Date Sample(s) Taken: _____	# of Samples: _____	
<input type="checkbox"/> Other _____	Animal ID/Name: _____	Sex: _____	Age: _____
Type of Sample: _____			

Examination Requested

<input type="checkbox"/> Histopathology	<input type="checkbox"/> Immunology	<input type="checkbox"/> Microbiology	<input type="checkbox"/> Necropsy	<input type="checkbox"/> PCR
<input type="checkbox"/> Plague	<input type="checkbox"/> Rabies	<input type="checkbox"/> Serology	<input type="checkbox"/> Toxicology	<input type="checkbox"/> Trich
<input type="checkbox"/> Virology	<input type="checkbox"/> Parasitology	<input type="checkbox"/> Cytology	<input type="checkbox"/> Other _____	

History & Treatment

[Clinical Signs, Nutrition, Housing, Vaccination, Production Level, Dates, Timeframes, etc.]

If this is an abortion, what was the fetal trimester? One Two Three

What is the age of the dam? _____

*** There will be \$25 added for shipping and handling on all referral charges.**

I have read and understood the conditions of this agreement and accept full responsibility for all payments.

*** Specimens submitted to the Nevada ADL become Nevada ADL property.**

Signature of Submitter: _____ **Date:** _____

Sparks- Nevada ADL
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