

ACCESSION FORM FOR GENERAL DIAGNOSTICS

Washington Animal Disease Diagnostic Laboratory

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	Pullman, WA. 99164-7034	

Please type or use black ink and print clearly.

Veterinarian or Case Coordinator:		WADDL VET CLIENT #:	
		WADDL CLINIC CLIENT #:	
Clinic:			
Street:			
City:	State:	Zip:	
Phone:	Fax:		
Date Shipped:	E-mail:		
Owner:		WADDL OWNER CLIENT #:	
Street:			
City:	State:	Zip:	
Phone:	Fax/E-mail:		

WADDL USE ONLY

Please fill out completely as possible:

Specimen(s) Submitted	Date Collected:
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Tests Requested:	<input type="checkbox"/> Necropsy	<input type="checkbox"/> Virology	<input type="checkbox"/> Bacteriology	<input type="checkbox"/> IHC
	<input type="checkbox"/> Histopathology	<input type="checkbox"/> Serology	<input type="checkbox"/> Mycoplasma culture	<input type="checkbox"/> PCR
	<input type="checkbox"/> Toxicology	<input type="checkbox"/> Fungal Culture	<input type="checkbox"/> Parasitology	<input type="checkbox"/> Other: _____

Note: WADDL reserves the right to modify the tests requested for more efficient case work-up and / or to send specimens to outside laboratories to perform testing not done at WADDL.

Species	Breed	Age	Sex	Location of Lesion		
Animal ID (name/tag#)	Animal Weight	No. in group	No. Dead	No. Sick	No. on Premises	Duration of Problem

* Was animal euthanized? If so, what method?

Additional History: *Vaccinations, signs, stress factors, treatments, post mortem findings, pertinent feed or feed additives, clinical lab results, previous WADDL Case Numbers. (Attach additional sheets as necessary.)*

WADDL is an official brucellosis testing laboratory. All serology for brucellosis, including abortion screens, requires identification of animals, date of sample collection, and signature of an accredited veterinarian attesting to the following statement:

"I certify that the specimens submitted with this form were collected by me from the animal(s) described on the date indicated."

Veterinarian's or Clinician's Signature:	Condition(s) Suspected:
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