

ACCESSION FORM FOR GENERAL DIAGNOSTICS

Washington Animal Disease Diagnostic Laboratory

College of Veterinary Medicine, Washington State University

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Please type or use black ink and print clearly.

Veterinarian or Case Coordinator:		
Clinic:		
Street:		
City:	State:	Zip:
Phone:	Fax:	
Date Shipped:	E-mail:	

Owner:		
Street:		
City:	State:	Zip:
Phone:	Fax/E-mail:	

Please fill out completely as possible:

<i>For Laboratory Use Only</i>	
PO # / Budget #:	
WSU Account #:	
Invoice # :	
Completion Date:	
VADDS Log by:	Checked by:
Samples Received:	
Sample Condition (as received): <input type="checkbox"/> Frozen <input type="checkbox"/> Chilled <input type="checkbox"/> Room Temperature <input type="checkbox"/> Above Room Temperature	
Comment:	
Sample Shipped Via: <input type="checkbox"/> US Mail <input type="checkbox"/> UPS <input type="checkbox"/> Fed-Ex <input type="checkbox"/> Courier <input type="checkbox"/> Other	

Specimen(s) Submitted	Date Collected:
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Tests Requested:

<input type="checkbox"/> Necropsy	<input type="checkbox"/> Virology	<input type="checkbox"/> Bacteriology - Aerobe	<input type="checkbox"/> IHC	<input type="checkbox"/> Other:
<input type="checkbox"/> Histopathology	<input type="checkbox"/> Serology	<input type="checkbox"/> Bacteriology - Anaerobe	<input type="checkbox"/> PCR	
<input type="checkbox"/> Toxicology	<input type="checkbox"/> Fungal Culture	<input type="checkbox"/> Mycoplasma culture	<input type="checkbox"/> Parasitology	

Note: WADDL reserves the right to modify the tests requested for more efficient case work-up.

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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