

For Lab Use Only	
UNH No:	
Charges:	
Pathologist:	



University of New Hampshire NH Veterinary Diagnostic Laboratory

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GENERAL SUBMISSION FORM

Submitting Veterinarian: _____ Clinic/Hospital: _____ City/Town: _____ State: _____ Phone: (____) _____ Fax(____) _____	Submission Date: _____ Results EMAILED unless otherwise indicated: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Provide email if not on file: _____
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Owner/Animal Information	
Owner Name: _____ City/Town: _____ State: _____ Species: <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Equine <input type="checkbox"/> Bovine <input type="checkbox"/> Caprine Breed: _____	Animal ID: _____ Age: _____ Yrs Mos Wks Days Fetus <input type="checkbox"/> Porcine <input type="checkbox"/> Ovine <input type="checkbox"/> Avian Other: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> MC <input type="checkbox"/> FS

Test Requested (check all that apply) A complete list of testing options is available online					
HISTOPATHOLOGY	CYTOLOGY	MICROBIOLOGY	PARASITOLOGY	SEROLOGY	OTHER
<input type="checkbox"/> Biopsy	<input type="checkbox"/> Cytology	<input type="checkbox"/> Aerobic Culture & Sensitivity	<input type="checkbox"/> Quantitative	<input type="checkbox"/> BioPryn	_____
<input type="checkbox"/> Digit	<input type="checkbox"/> Fluid Analysis	<input type="checkbox"/> Anaerobic & Aerobic Culture	<input type="checkbox"/> Qualitative	<input type="checkbox"/> CAE/OPP	_____
<input type="checkbox"/> Limb	<input type="checkbox"/> Urinalysis	<input type="checkbox"/> Urine Culture & Sensitivity	MYCOLOGY	<input type="checkbox"/> Johne's	_____
<input type="checkbox"/> Necropsy Tissues		<input type="checkbox"/> Fecal Culture	<input type="checkbox"/> Fungal Culture	<input type="checkbox"/> _____	_____

Specimen Information	
Specimen(s) submitted: _____ Location: _____ Previous related submission: Year _____ UNH No: _____ <input type="checkbox"/> Antemortem <input type="checkbox"/> Postmortem Date Collected: _____ History/Clinical Summary: (Check if cont. on back <input type="checkbox"/>)	

For Lab Use Only			
Lab Notes:			
Opened by: _____ <input type="checkbox"/> USPS <input type="checkbox"/> Courier <input type="checkbox"/> Drop-off Date: _____	Condition: <input type="checkbox"/> Leaked <input type="checkbox"/> Frozen <input type="checkbox"/> Damaged <input type="checkbox"/> Cold Pack	Specimen, # of: <input type="checkbox"/> Slides _____ <input type="checkbox"/> Swab _____ <input type="checkbox"/> Feces _____ <input type="checkbox"/> Tissue, fixed _____ <input type="checkbox"/> Fluid _____ <input type="checkbox"/> DTM _____ <input type="checkbox"/> Blood/Serum _____ <input type="checkbox"/> Tissue, fresh _____ <input type="checkbox"/> Urine _____ <input type="checkbox"/> Hair _____ <input type="checkbox"/> Other _____	Final: <input type="checkbox"/> Faxed <input type="checkbox"/> Emailed <input type="checkbox"/> Mailed

Samples submitted to the NHVDL become the property of the lab and may be used for teaching, ancillary testing, and research. Test results will be reported to appropriate state or federal agencies as required by law. The submitting veterinarian is responsible for the requested tests and communicating results with the owner.

HISTORY cont.