Arkansas Veterinary Diagnostic Laboratory
1 Natural Resources Drive
Little Rock, AR 72205
(501) 823-1730
agriculture.arkansas.gov

LAB USE ONLY

Coordinator: _____

Sample Collection Date/Time _____ **Sample Submission Date** _____

Veterinarian _____ Vet Clinic Phone _____

Vet Clinic Name and City _____

Owner Name _____ Owner Phone _____

Owner Address/City/State/Zip _____

Owner Email _____ Owner County _____

Billing ☐ Vet Clinic ☐ Owner Account Number _____

Animal Name/ID *(List additional on back of page)* _____

Animal Age _____ d / w / m / y ☐ Fetus/Neonate ☐ Female ☐ Male ☐ Spayed/Neutered

Date Died _____ ☐ Euthanized

Species ☐ Canine ☐ Feline ☐ Bovine ☐ Porcine ☐ Equine ☐ Avian ☐ Caprine

☐ Ovine ☐ Wildlife ☐ Other _____ Breed _____

Specimen(s) *(Please indicate QUANTITY and TYPE of all specimens submitted)*

_____ **Serum** ☐ Gel Separator Tube ☐ Non-Gel Tube

_____ **Plasma** ☐ EDTA (Purple Top) ☐ Lithium Heparin (Green Top)

_____ **Whole Blood** ☐ EDTA (Purple Top) ☐ Lithium Heparin (Green Top)

_____ **Urine** ☐ Free Catch ☐ Cystocentesis ☐ Catheter ☐ Stones

_____ **Swab** Site _____

_____ **Other Sample** Type/Site _____

_____ **Fluid** Type/Site _____

_____ **Feces** _____ **Trich** _____ **Ear Notch** _____ **Hair** _____ **Feed**

_____ **Animal Remains** *(If submitting a companion animal, please fill out the **Pet Loss Form**)*

_____ **Tissue** ☐ Fresh ☐ Fixed

Tissue Type ☐ Liver ☐ Kidney ☐ Spleen ☐ Lung ☐ Intestine ☐ Heart
☐ Brain ☐ Colon ☐ Placenta ☐ Skin ☐ Tumor ☐ _____

Surgical Biopsy Site _____

Test(s) Requested: _____

See our **website** for current **List of Tests and Fees** and **Sample Submission Guidelines**.

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The submission form represents a contract between you and the laboratory. It must be filled out completely, legibly, and accurately. By filling out a submission form and submitting it to the lab, you represent that (i) you are authorized to enter into an agreement to have the designated services performed, (ii) you are the owner of the specimens submitted, or an authorized agent of the owner, and that you are transferring ownership of the samples to the lab, and (iii) that you will pay for the services rendered.

Contact Name *(Print)* Signature Date *(mm/dd/yy)*

Digitally signing this document constitutes your acceptance of this agreement.

PLEASE PROVIDE DESCRIPTION OF LESION(S) AND RELEVANT CLINICAL HISTORY.

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Checked in _____ **Accessioned** _____

Carrier **C** **F** **U** **M** **D** **Transit Temperature** Ambient Cold Pack Dry Ice Unknown

Specimen Condition Frozen Cold Warm/Hot Ambient
Accepted Rejected Damaged Leaking Expired