

General Submission Continuation Page

**Animal Health Diagnostic Center**

College of Veterinary Medicine  
Cornell University

LAB USE ONLY

FOR USE ONLY TO CONTINUE SAMPLE ID'S BEGUN ON THE GENERAL SUBMISSION FORM

AHDC Accession No./ Date

Acct No. _____ Submitting Vet _____						Case/Ref No. _____ Owner _____		
ANIMAL IDENTIFICATION						SPECIMEN SUBMITTED INDICATE ANATOMICAL SAMPLING SITE	DATE TAKEN	TEST(S) REQUESTED (per animal) PLEASE ENTER FULL NAME OF TEST
SEX CODES: M=Male, MR=Mare (equine only), MC=Castrated Male, F=Female, SF=Spayed Female AGE CODES: Y=Years, M=Months, W=Weeks, D=Days; DOB=Date of Birth								
NO.*	NAME / IDENTIFIER NO.	SPECIES	BREED	SEX	AGE/DOB			
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_2								
_3								
_4								
_5								
_6								
_7								
_8								
_9								
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Comments:								

\* Please be sure to number these rows in sequential order, in continuation from the first page.