

Tips on filling out the [General Submission Form](#)

Many of our [submission forms](#) are available on our website as fillable PDFs for your convenience. If you do not use the fillable version, please type or print this information legibly to expedite sample processing and ensure accuracy. If you have any question about submitting samples to the Animal Health Diagnostic Center, call 607-253-3937, or visit our web site at <https://ahdc.vet.cornell.edu>.

CRITICAL INFORMATION:

- **Clinic name and account number** if you are a current client
- **Short history and test name**
- **Animal ID and specimen type**

Your account number is **required for existing clients.**

An account number will be assigned for new clients.

Please print all of the submitting veterinarian's information.

Enter your own internal reference number here and it will appear on your bill for easy referencing.

The owner name and information will display in the results and is **highly recommended!**

If you know the **Premises ID**, please fill it in.

Make sure animal IDs match the ID's on your samples!

Enter species, age, and sex if known. Some testing options are dependent on this information.
[Check your test here.](#)

Don't forget to fill in the date the samples were drawn!

General Submission Form

Animal Health Diagnostic Center
College of Veterinary Medicine, Cornell University
In Partnership with the NYS Dept. of Ag & Markets

PLEASE COMPLETE ALL FIELDS, PRINT LEGIBLY, AND ENTER ONLY ONE OWNER PER FORM

Postal Service Address: FedEx/UPS Service
PO Box 5786 Ithaca, NY 14852-5786

Address: 240 Farrier Rd.
Ithaca, NY 14853

AHDC Contacts
Phone: 607-253-3900
Fax: 607-253-3943
Web: ahdc.vet.cornell.edu
Email: diagcenter@cornell.edu

LAB USE ONLY
AHDC Accession No. / Date
PLEASE NOTE: SAMPLES SUBMITTED FOR TESTING BECOME THE PROPERTY OF THE ANIMAL HEALTH DIAGNOSTIC CENTER AND MAY BE TESTED AS PART OF STATE/FEDERAL SURVEILLANCE PROGRAMS

Enter Your Cornell AHDC Acct. No.

Submitting Veterinarian *

Clinic Name

Address

City, State, Zip

Phone No. () Fax No. ()

E-mail Address:

Submitting Vet's Signature:

Your Internal Case / Reference No. **

Owner

Address

City, State, Zip

Phone No. ()

County Town

NYS Premises ID

Check if appropriate: Regulatory Export Country of Destination Shipper/Exporter

HISTORY/CLINICAL INFORMATION: Please check all that apply:

<input type="checkbox"/> Dermatological	<input type="checkbox"/> Fever	<input type="checkbox"/> Neurological	<input type="checkbox"/> Normal	<input type="checkbox"/> Hematological/Hemorrhage
<input type="checkbox"/> Abortion/Repro Failure	<input type="checkbox"/> Endocrine	<input type="checkbox"/> Sudden Death	<input type="checkbox"/> Hepatic	<input type="checkbox"/> Gastrointestinal/Diarrhea
<input type="checkbox"/> Edema	<input type="checkbox"/> Ocular	<input type="checkbox"/> Neoplasia	<input type="checkbox"/> Urinary/Urogenital	<input type="checkbox"/> Musculoskeletal/Lameness
<input type="checkbox"/> Respiratory	<input type="checkbox"/> Anorexia	<input type="checkbox"/> Cardiac	<input type="checkbox"/> Chronic Weight Loss	<input type="checkbox"/> Production/Performance decline
			<input type="checkbox"/> Erosion/Vesicular	<input type="checkbox"/> Other

Clinical / Differential Diagnosis: _____

Has related material been submitted previously for this animal(s)/herd: Y N Accession No. _____

Date of onset of Herd illness: _____ In animals submitted: _____ Herd size: _____ No. dead: _____ No. affected: _____

Additional Info / History: A detailed history *must* be provided to receive NYS contract pricing. Check here if history is continued on back of this page, or if add'l history is attached.

ANIMAL IDENTIFICATION					INDICATE SPECIMEN TYPE AND ANATOMIC LOCATION (if appropriate)	DATE TAKEN	TEST(S) REQUESTED (per animal) 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	SPECIES	BREED	SEX			
					Identify and list tissues submitted.		List requested tests here for each animal.
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Comments: _____ Check if continuation page included

AHDC USE ONLY

OPENED BY: FEDEX MAIL DATE REC'D: _____

FEDEX-GRND PRI MAIL TIME REC'D: _____

UPS-GRND EXP MAIL DATE SHIPPED: _____

UPS-ND OTHER: _____

FROZEN DRY ICE

RM TEMP COLD PACK

COOL NONE

COLD COMMENT: _____

*The submitting veterinarian is responsible for the requested tests, fees associated with this submission, and to notify the owner of test results.
**If your Internal Reference No. is entered on this form, it will be used to identify this case on the test result form and on the billing statement (max. 17 character field).

Page ____ of ____
(DL-100) 12/2013
VSS-FORM-001-V02

If you believe your samples [meet eligibility requirements](#) for NYS Contract Case Pricing, **do not fill out this form!**

You must complete the [NYS Contract Subsidy Submission Form](#) instead.