



Cornell University
College of Veterinary Medicine
Animal Health Diagnostic Center

Get your results faster and easier

Follow these simple steps to get your results quickly and ensure their accuracy.

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Use our **General Submission Form**. Download at bit.ly/AHDCsubmit

General Submission Form

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

US Postal Service Address: FedEx/UPS Service Address: 240 Fenner Rd. Ithaca, NY 14853-2780
 Phone: 807-253-3900 Fax: 807-253-3643
 Web: ahdc.vet.cornell.edu Email: ahdc@vet.cornell.edu

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.

PLEASE PRINT CLEARLY, AND ENTER ONLY ONE OWNER PER FORM

Enter Your Cornell AHDC Acct. No. _____ Your Internal Case / Reference No. ** _____

Submitting Veterinarian * _____ Owner _____
 Clinic Name _____ Address _____
 City, State, Zip _____ City, State, Zip _____
 Phone No. (____) _____ Fax No. (____) _____
 E-mail Address: _____
 Submitting Vet's Signature: _____

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

HISTORICAL/CLINICAL INFORMATION (Please check all that apply: None) Hematological/Anemia/hemorrhage

Dermatological Fever Neurological Hepatic Gastrointestinal/Diarrhea
 Abortions/Repro Failure Endocrine Sudden Death Urinary/Urogenital Musculoskeletal/Lameness
 Edema Ocular Neoplasia Chronic Weight Loss Production/Performance decline
 Respiratory Anorexia Cardiac Erosion/Vesicular Other _____

Clinical / Differential Diagnosis: _____
 Has related material been submitted previously for this animal(s)/herd: Y N Accession No. _____
 Date of onset of 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 AHDC history is _____

ANIMAL IDENTIFICATION

NO.	AGE CODES: Y=Years, M=Months, W=Weeks, D=Days, DOB=Date of Birth				SPECIES		TYPE AND ANATOMICAL LOCATION (if appropriate)		TAKEN	ENTER FULL NAME OF TEST
	NAME / IDENTIFIER NO.	SPECIES	SEX	AGE / DOB	LOCATION	TYPE	LOCATION	DATE	TEST NAME	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Comments: _____

DATE REC'D: _____ TIME REC'D: _____
 DATE SHIPPED: _____

PROCESSED: FROZEN CRYO ICE COLD PACK
 ROOM TEMP NONE
 COOL COMMENT: _____
 COLD

*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).

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Provide the following critical information:

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

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Use our discounted courier services at: bit.ly/AHDClabel

See reverse side to determine which test tubes should be used for different blood samples. Visit bit.ly/AHDCtests for recommended samples and volumes for all tests.



Blood Tube Reference Chart

Follow the chart below for correct tubes to be used when submitting samples.

Serum



Plasma or Whole Blood



After adding sample to anti-coagulant type tubes, IMMEDIATELY INVERT tube several times to ensure sample does not clot.

Plasma Only



For more information visit bit.ly/AHDCguide