

**NYS Contract Subsidy Continuation Page**

**Animal Health Diagnostic Center** College of Veterinary Medicine  
Cornell University

<small><b>LAB USE ONLY</b></small>
_____ AHDC Accession No./ Date

**FOR USE ONLY TO CONTINUE SAMPLE ID'S BEGUN ON THE NYS Contract Subsidy SUBMISSION FORM**

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

**HISTORY (Continued):** **CLINICAL HISTORY REQUIRED, INCLUDING HERD DATA.** Give detailed information regarding affected animal(s).

Comments:

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