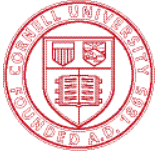


NYS CONTRACT SUBSIDY SUBMISSION FORM



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:
 PO Box 5786 240 Farrier Rd
 Ithaca, NY 14852-5786 Ithaca, NY 14853

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

LAB USE ONLY
AHDC Accession No./ Date _____
Pathology Case Number _____

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 COMPLETE ALL FIELDS, PRINT LEGIBLY, AND TYPE OR USE BLACK INK ONLY ATTENTION: _____

Cornell Acct No. _____ Submitting Veterinarian* _____ Clinic Name _____ Address _____ City, State, Zip _____ Phone No. (____) _____ Fax No. (____) _____ Email _____	Your Internal Case/Reference No.** _____ Owner _____ Address _____ City, State, Zip _____ Phone Number (____) _____ County _____ Town _____ NYS Premises ID _____
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I certify that this submission is for an animal located in NYS that is being raised for food or fiber production, or is a horse, and is not part of a research project. In addition, I have listed the differential diagnosis of one or more conditions or contagious infectious diseases that is/are consistent with the clinical presentation for this animal or herd and that would threaten other animals or people. I certify that this testing is not routine surveillance or testing to help eradicate a disease or condition already diagnosed in this herd or flock. This submission includes samples from individual animals (not composite) and requests for testing or assistance from the lab to attempt to make a definitive diagnosis. This is not an insurance, legal or research case.

NOTE: If required information is not provided, the submission will be handled as a routine submission without NYS subsidy. The submitting veterinarian is responsible for the requested tests, fees associated with this submission*, and for notifying the owner of test results. If STAT is chosen, the submitting veterinarian is responsible for all STAT fees.

Signature NYS licensed veterinarian _____ STAT Requested
 I have attached the Contract subsidy submission continuation page or Other pages STAT fees are not covered by NYS subsidy.

ANIMAL IDENTIFICATION						SPECIMEN SUBMITTED <small>INDICATE ANATOMICAL SAMPLING SITE</small>	DATE TAKEN	TEST(S) REQUESTED <small>(per animal) PLEASE ENTER FULL NAME OF TEST</small>
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			
	_1							
	_2							
	_3							

HISTORY: *** CLINICAL HISTORY REQUIRED, INCLUDING HERD DATA →	*** HERD DATA *** Date: onset of illness: _____ In animals submitted: _____ Herd size: Adult _____ Young _____ No. dead: _____ No. affected: _____ Check here if add'l history is on back or attached.
Give detailed information regarding affected animal(s). General (Clinical presentation, treatment, etc.) If you need more space, please use Continuation Page . Description of lesion(s) for histopathology requests (Describe location, distribution, size, color, consistency): Clinical or Differential Diagnosis (Required) _____ Other species present on the premises _____ Has previous material been submitted for this problem? YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> If so, enter Date(s): _____ Accession #(s) _____	

OPENED BY: _____ _____	<input type="checkbox"/> DHL <input type="checkbox"/> FX <input type="checkbox"/> UPS-Grnd <input type="checkbox"/> UPS-ND	<input type="checkbox"/> Mail <input type="checkbox"/> Pri Ma <input type="checkbox"/> Exp Mail <input type="checkbox"/> Other: _____	Date & Time Rec'd: _____ Shipped: _____	<input type="checkbox"/> FROZEN <input type="checkbox"/> RM TEMP <input type="checkbox"/> COOL <input type="checkbox"/> COLD	<input type="checkbox"/> DRY ICE <input type="checkbox"/> COLD PACK INSULATED <input type="checkbox"/> NONE <input type="checkbox"/> COMMENT _____
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** 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).

*NYS CONTRACT SUBSIDY POLICY: https://ahdc.vet.cornell.edu/docs/New_York_State_Contract_Case_Pricing.pdf