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:
PO Box 5786
Ithaca, NY 14852-5786

FedEx/UPS Service Address:
240 Farrier Rd
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. _____

Your Internal Case/Reference No.** _____

Submitting Veterinarian* _____

Clinic Name _____

Address _____

City, State, Zip _____

Phone No. (____)_____ Fax No. (____)_____

Email_____

Owner _____

Address _____

City, State, Zip _____

Phone Number (_____) _____

County _____ Town _____

NYS Premises ID _____

I certify that this submission is for an animal located in NYS that is being raised for food or fiber production or it is a horse. In addition, I have listed in the differential diagnosis 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 also certify that this testing is not routine surveillance testing or testing to help eradicate a disease or condition already diagnosed in this herd or flock. Also, this submission includes samples and requests for testing or assistance from the lab to attempt to make a definitive diagnosis. This is not an insurance or legal case.

Signature NYS licensed veterinarian_____

I have attached the ☐ Contract subsidy submission continuation page or ☐ Other forms or pages

ANIMAL IDENTIFICATION 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						**SPECIMEN SUBMITTED** INDICATE ANATOMICAL SAMPLING SITE	**DATE TAKEN**	**TEST(S) REQUESTED** (per animal) PLEASE ENTER FULL NAME OF TEST
NO.*	NAME / IDENTIFIER NO.	SPECIES	BREED	SEX	AGE/DOB			
_1								
_2								
_3								

HISTORY: ***** CLINICAL HISTORY REQUIRED, INCLUDING HERD DATA***
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 ☐ NO ☐ UNKNOWN ☐

If so, enter Date(s): _____ Accession #(s) _____

***** 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.

PLEASE 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.

OPENED BY:					
_____	☐ DHL ☐ FX ☐ UPS-Grnd ☐ UPS-ND	☐ Mail ☐ Pri Ma ☐ Exp Mail ☐ Other: _____	Date & Time Rec'd:_____ Shipped: _____	☐ FROZEN ☐ RM TEMP ☐ COOL ☐ COLD	☐ DRY ICE ☐ COLD PACK INSULATED ☐ NONE ☐ COMMENT_____

** 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

CONTRACT