



New Jersey Department of Agriculture
Division of Animal Health
Animal Health Diagnostic Laboratory
 Phone: (609) 406-6999 Fax: (609) 671-6414

Lab Use Only Accession # _____ Date: _____ Section: _____

GENERAL SPECIMEN SUBMISSION FORM

(Specimens submitted for testing become property of the laboratory and may be tested as part of Federal or State surveillance programs. Please contact the laboratory to discuss if private cremation of animal remains is desired.)

Please **PRINT FULL** name, fill out address and phone #

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Submitter		
Name:		
Clinic Name:		
Address:		
City:	State:	Zip:
Phone:	Mobile:	

Owner		
Name:		
Address:		
City:	State :	Zip:
Premise ID:	Collection date:	

Animal Identification (Use Continuation Form for additional specimens / history)

Sex Codes: M=Male, F=Female, C=Castrated Male, S=Spayed Female

	Animal or Sample ID	Species	Breed	Sex	Age	Tests Requested (Check below or indicate on line provided)
1						
2						
3						
4						
5						
6						
7						
8						
9						

Bovine

- Blue tongue AGID
- Bovine Leucosis AGID
- Brucellosis card
- Brucellosis tube
- BVD PCR
- BVD SN
- IBR SN
- Johne's ELISA
- Johne's PCR
- Johne's fecal culture
- Johne's rapid liquid culture

Caprine

- CAE AGID
- CL Serology
- OPP AGID

Porcine

- Influenza A PCR
- Influenza HI

Avian

- AI PCR
- AI AGID
- APMV-1 PCR
- Mycoplasma
- Pullorum microtiter

Fish (Water Temperature _____)

- Fish Health Certification
- KHV PCR
- Virus Isolation _____

Equine:

- CEM
- EHV1 SN
- Equine influenza HI
- PHF IFA
- West Nile Virus IgM ELISA
- EEE IgM ELISA
- EHV1 PCR
- Equine neurologic panel (EEE ELISA, WNV ELISA, EHV-1 SN)
- PHF PCR
- EIA AGID
- EIA ELISA
- EVA SN
- Strep equi / zoonoepidemicus PCR

Canine:

- Influenza A PCR
- Influenza HI (canine)
- Influenza A AGID

Multiple species

- Aerobic Culture & Sensitivity
- Anaerobic Culture
- Campylobacter
- EEE PCR
- Influenza PCR
- Leptospira MAT 6 serovars
- Lyme Western blot
- Necropsy
- Virus Isolation Please specify virus: _____
- West Nile Virus PCR
- Aerobic Culture Only
- Biopsy/Histopathology
- Cytology, Slide Specimen: _____
- Fungal culture/ Mycology
- Listeria
- Lyme ELISA
- Mycobacterium / Acid Fast Bacteria
- Salmonella

Other Tests _____

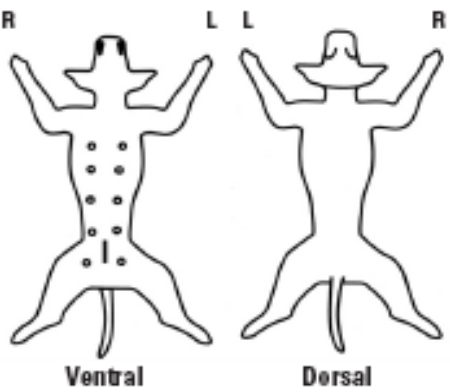
ANTIBIOTIC TREATMENT WITHIN 72 HR: Yes No

If yes, list _____

Specimen Description:	
Type and Quantity of Specimens:	<input type="checkbox"/> Blood, EDTA Qty: _____ <input type="checkbox"/> Carcass Qty: _____ <input type="checkbox"/> Feces Qty: _____ <input type="checkbox"/> Fluid Qty: _____ <input type="checkbox"/> Hair Qty: _____ <input type="checkbox"/> Serum Qty: _____ <input type="checkbox"/> Slide Qty: _____ <input type="checkbox"/> Swab Qty: _____ <input type="checkbox"/> Tissue fresh Qty: _____ <input type="checkbox"/> Tissue fixed Qty: _____ <input type="checkbox"/> Other _____ Qty: _____

Testing Purpose:	<input type="checkbox"/> Clinical <input type="checkbox"/> Regulatory <input type="checkbox"/> Surveillance <input type="checkbox"/> Import <input type="checkbox"/> Export Country of Destination : _____
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Type of flock/herd:	Size of flock/herd:	Number sick:	Number sampled:
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Surgical Pathology:	
 <p style="text-align: center;">Indicate skin lesion site on above drawing</p>	<ol style="list-style-type: none"> 1. Location 2. Size and shape 3. Color, texture and presence of capsule 4. Growth pattern (expansion, invasion, pedunculation, etc.) 5. Duration Rate of Growth 6. Evidence of hemorrhage, necrosis or suppuration 7. Previous Case no.

History / Provisional Diagnosis:	If necropsy: <input type="checkbox"/> Natural Death <input type="checkbox"/> Euthanasia Date & time of death: _____
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Space provided for additional information:

Supplies Requested :		Send Results by:	
Accession Forms	#	<input type="checkbox"/> Mail	<input type="checkbox"/> E-Mail
Specimen Bags	#	<input type="checkbox"/> Phone	<input type="checkbox"/> Fax
Other:	#	Other: _____	
		Would you like partial results reported? <input type="checkbox"/> Yes <input type="checkbox"/> No	

U.S. Postal Address	Delivery Service Address	Contact Information
New Jersey Department of Agriculture Animal Health Diagnostic Laboratory PO Box 330 Trenton NJ 08625	New Jersey Department of Agriculture Animal Health Diagnostic Laboratory, NJPHEAL 3 Schwarzkopf Drive Ewing, NJ 08628	Phone: (609) 406-6999 Fax: (609) 671-6414 Website: www.state.nj.us/agriculture