



The Pennsylvania Animal Diagnostic Laboratory System General Submission Form

Pennsylvania Veterinary Laboratory
PA Department of Agriculture
2305 North Cameron Street
Harrisburg, PA 17110
(717) 787-8808

Animal Diagnostic Laboratory
The Pennsylvania State University
131 Pastureview Road
University Park, PA 16802
(814) 863-0837

New Bolton Center
University of Pennsylvania
382 West Street Road
Kennett Square, PA 19348
(610) 925-6725

Accession #:

Date Received:

Page _____ of _____

(Lab Use Only)

Bill To:

- ☐ Vet Practice
☐ Owner
☐ Other:

Purpose of Testing:

- ☐ Contract ☐ Research
☐ Diagnostic
☐ Other:

(Lab Use Only)

Shipping Method:

- ☐ Drop Off ☐ US Mail
☐ Courier: Ship Date:

Opened By:

Condition Upon Receipt:

Veterinarian/Submitter:

Clinic

Address

City, State, Zip

Phone

Fax

E-Mail

Preferred Report Distribution Method:

- ☐ US Mail ☐ Fax ☐ E-Mail ☐ No Report

Owner:

Premise ID

Address

City, State, Zip

Phone

Fax

E-Mail

Preferred Report Distribution Method:

- ☐ US Mail ☐ Fax ☐ E-Mail ☐ No Report

Animal Information:

- ☐ Bovine ☐ Caprine ☐ Cervine ☐ Other:
☐ Ovine ☐ Porcine ☐ Equine

Test(s) Requested:

Animal Identification: (Additional space on page 2)

No.	Official Animal ID/Name	Breed	Sex	Age
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

SPECIMEN INFORMATION:

Collection Date: _____

Specimen Type: ☐ Pool Specimens (If available)

☐ Blood:

- ☐ Whole Blood ☐ Serum

☐ Feces

☐ Feed

☐ Milk Type: Bulk Tank / Composite / Quarter

☐ Swab: Source _____

☐ Tissue: Source _____

- ☐ Fixed ☐ Fresh

☐ Other: _____

History / Clinical Signs / Vaccination History / Program Participation / Special Requests:

SIGNATURE OF VETERINARIAN: _____

PD General Submission Form 01 (June 2024)

All Requested Data Must Be Provided.

PADLS reserves the right to perform tests for any of the diseases regulated or under surveillance by the Pennsylvania Department of Agriculture on any specimen it receives. PADLS reserves the right to perform any test on animals submitted for autopsy that the Case Coordinator deems necessary for obtaining a diagnosis. Your submission of specimens for diagnostic purposes constitutes your acknowledgment that some tests may be performed at other laboratories

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Animal Identification:

No.	Official Animal ID/Name	Breed	Sex	Age
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Animal Identification:

No.	Official Animal ID/Name	Breed	Sex	Age
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