



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

<http://padls.agriculture.pa.gov>

Accession #:
Date Received:
Page _____ of _____
<i>(Lab Use Only)</i>

Bill To: <input type="checkbox"/> Vet Practice <input type="checkbox"/> Owner <input type="checkbox"/> Other:	Purpose of Testing: <input type="checkbox"/> Contract <input type="checkbox"/> Research <input type="checkbox"/> Diagnostic <input type="checkbox"/> Other:
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<i>(Lab Use Only)</i>	Shipping Method: <input type="checkbox"/> Drop Off <input type="checkbox"/> US Mail <input type="checkbox"/> Courier: Ship Date:
Opened By:	
Condition Upon Receipt:	

Veterinarian/Submitter:
Clinic
Address
City, State, Zip
Phone
Fax
E-Mail
Preferred Report Distribution Method:
<input type="checkbox"/> US Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-Mail <input type="checkbox"/> No Report

Owner:
Premise ID
Address
City, State, Zip
Phone
Fax
E-Mail
Preferred Report Distribution Method:
<input type="checkbox"/> US Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-Mail <input type="checkbox"/> No Report

Animal Information:
<input type="checkbox"/> Bovine <input type="checkbox"/> Caprine <input type="checkbox"/> Cervine <input type="checkbox"/> Other:
<input type="checkbox"/> Ovine <input type="checkbox"/> Porcine <input type="checkbox"/> Equine

Test(s) Requested:

Animal Identification: <i>(Additional space on page 2)</i>				
No.	Official Animal ID/Name	Breed	Sex	Age
1				
2				
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SPECIMEN INFORMATION:
Collection Date: _____
Specimen Type: <input type="checkbox"/> Pool Specimens <i>(If available)</i>
<input type="checkbox"/> Blood:
<input type="checkbox"/> Whole Blood <input type="checkbox"/> Serum
<input type="checkbox"/> Feces
<input type="checkbox"/> Feed
<input type="checkbox"/> Milk Type: Bulk Tank / Composite / Quarter
<input type="checkbox"/> Swab: Source _____
<input type="checkbox"/> Tissue: Source _____
<input type="checkbox"/> Fixed <input type="checkbox"/> Fresh
<input type="checkbox"/> 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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