



Diagnostic Laboratory

GENERAL ACCESSION SUBMISSION FORM

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

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 NJDA- 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						
10						

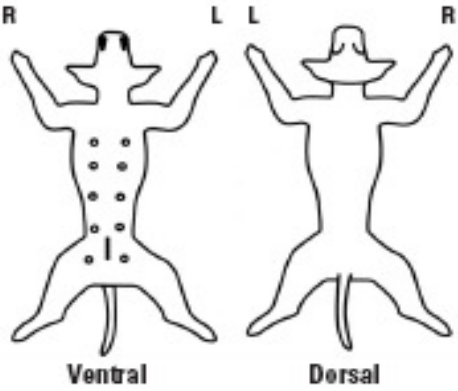
<p><b>Bovine</b></p> <p><input type="checkbox"/> Bovine Viral Enteric Screen</p> <p><input type="checkbox"/> Rota <input type="checkbox"/> Corona <input type="checkbox"/> BVD</p> <p><input type="checkbox"/> Bovine Abortion Screen (individual or panel)</p> <p><input type="checkbox"/> BRSV SN <input type="checkbox"/> IBR SN <input type="checkbox"/> BVD SN</p> <p><input type="checkbox"/> BRSV FA</p> <p><input type="checkbox"/> BVL AGID <input type="checkbox"/> BT AGID</p> <p><input type="checkbox"/> BVD PCR</p> <p><input type="checkbox"/> Brucellosis card <input type="checkbox"/> Brucellosis tube</p> <p><input type="checkbox"/> Johne's ELISA</p> <p><input type="checkbox"/> Johne's rapid liquid culture</p> <p><input type="checkbox"/> Johne's fecal culture <input type="checkbox"/> Johne's PCR</p> <p><b>Caprine</b></p> <p><input type="checkbox"/> CAE AGID</p> <p><input type="checkbox"/> CL PCR</p> <p><input type="checkbox"/> OPP AGID</p> <p><b>Porcine</b></p> <p><input type="checkbox"/> Pseudorabies SN <input type="checkbox"/> Pseudorabies latex agglut.</p> <p><input type="checkbox"/> Parvo IFA <input type="checkbox"/> Adenovirus IFA <input type="checkbox"/> TGE FA</p> <p><input type="checkbox"/> Reovirus IFA <input type="checkbox"/> PRRS IFA</p> <p><input type="checkbox"/> influenza FA <input type="checkbox"/> influenza HI</p> <p><b>Avian</b></p> <p><input type="checkbox"/> Pullorum microtiter <input type="checkbox"/> Mycoplasma HI</p> <p><input type="checkbox"/> AI PCR <input type="checkbox"/> AI AGID <input type="checkbox"/> APMV PCR</p> <p><b>Other Tests</b> _____</p>	<p><b>Equine:</b></p> <p><input type="checkbox"/> EVA SN <input type="checkbox"/> EIA AGID <input type="checkbox"/> EIA ELISA <input type="checkbox"/> CEM</p> <p><input type="checkbox"/> HV1 SN <input type="checkbox"/> HV1 PCR <input type="checkbox"/> Strep equi/zoopedemicus PCR</p> <p><input type="checkbox"/> Equine influenza HI; 4 serovars</p> <p><input type="checkbox"/> PHF IFA <input type="checkbox"/> PHF PCR</p> <p><input type="checkbox"/> West Nile Virus IgG ELISA <input type="checkbox"/> West Nile Virus IgM ELISA</p> <p><b>Equine neuro panel</b></p> <p><input type="checkbox"/> EEE <input type="checkbox"/> EHV-1SN <input type="checkbox"/> WNV ELISA</p> <p><b>Multiple species</b></p> <p><input type="checkbox"/> West Nile Virus PCR <input type="checkbox"/> EEE PCR</p> <p><input type="checkbox"/> Influenza PCR <input type="checkbox"/> Influenza HI (canine) <input type="checkbox"/> Influenza AGID (canine)</p> <p>ANTIBIOTIC TREATMENT WITHIN 72 HR: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, list _____</p> <p><input type="checkbox"/> Aerobic C &amp; S</p> <p><input type="checkbox"/> Aerobic Culture Only</p> <p><input type="checkbox"/> Anaerobic</p> <p><input type="checkbox"/> Campylobacter</p> <p><input type="checkbox"/> Fungal / Mycology</p> <p><input type="checkbox"/> Mycobacterium / AFB Not M. paratuberculosis</p> <p><input type="checkbox"/> Salmonella</p> <p><input type="checkbox"/> Lyme ELISA <input type="checkbox"/> Lyme Western blot</p> <p><input type="checkbox"/> Leptospira MAT 6 serovars</p> <p><input type="checkbox"/> Virus Isolation Please specify virus: _____</p> <p><input type="checkbox"/> Cytology, Slide Specimen: _____</p> <p><input type="checkbox"/> Necropsy</p>
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<b>Sample Description:</b>	
<b>Type and Quantity of Specimens:</b>	<input type="checkbox"/> Blood, EDTA Qty: _____ <input type="checkbox"/> Serum Qty: _____ <input type="checkbox"/> Feces Qty: _____ <input type="checkbox"/> Hair Qty: _____ <input type="checkbox"/> Tissue (fixed) Qty: _____ <input type="checkbox"/> Fluid Qty: _____ <input type="checkbox"/> Slide Qty: _____ <input type="checkbox"/> Swab Qty: _____ <input type="checkbox"/> Tissue (fresh) Qty: _____ <input type="checkbox"/> Carcass Qty: _____ <input type="checkbox"/> Other _____ Qty: _____

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

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

<b>U.S. Postal Address</b>	<b>Delivery Service Address</b>
PO Box 330 Trenton NJ 08625	John Fitch Plaza Health & Agriculture Building (369 S. Warren St.) Room 201 Trenton NJ 08625