

Washington Animal Disease Diagnostic Laboratory
 College of Veterinary Medicine, Washington State University
 waddl.vetmed.wsu.edu



US Postal Service mailing address: PO Box 647034
 Pullman, WA. 99164-7034

UPS, FedEx or Courier shipping address: 1940 SE Olympia Ave.
 Pullman, WA. 99164-7034

Phone: (509) 335-9696
 FAX: (509) 335 7424
 Email: waddl@vetmed.wsu.edu

DO NOT SHIP FEDEX GROUND

Select Submission Type:

Clinic/Hospital/Organization Submission

Private Owner/Farm Submission

Clinic Information: Please type or use black ink and print clearly.

Veterinarian: Last Name:		First Name:	
Clinic:			
Street address:	City:	State:	Zip:
Mailing Address	City:	State:	Zip:
Phone:	Fax:	E-mail:	

Owner Information:

Farm Name:		First Time Submitter? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Owner: Last Name:		First Name:	
Street address:	City:	State:	Zip:
Mailing Address	City:	State:	Zip:
Phone:	Fax:	E-mail:	

Please fill out completely as possible. Please use the Identification Sheet for Multiple Animals (page 2) for submissions with more than one animal.

Test Method or Testing Section Requested: *If specific test is known, please list in the Test(s) Requested below.*

<input type="checkbox"/> Necropsy/Histopathology	<input type="checkbox"/> Bacteriology	<input type="checkbox"/> Immunohistochemistry (IHC)	<input type="checkbox"/> Serology/Immunodiagnostics
<input type="checkbox"/> Private Cremation \$300	<input type="checkbox"/> Mycology	<input type="checkbox"/> Molecular Diagnostics (PCR)	<input type="checkbox"/> Virology
<input type="checkbox"/> Clay Paw Prints \$50	<input type="checkbox"/> Parasitology	<input type="checkbox"/> Toxicology	<input type="checkbox"/> Other: _____

Note: WADDL reserves the right to modify the tests requested for more efficient case work-up and / or to send specimens to outside laboratories to perform testing not done at WADDL. Samples submitted become the property of WADDL and may be disposed of in 30 days.

Animal ID/Tag #/Name: <i>For multiple, see Page 2.</i>	Species/Breed	Sex	Age	Animal Weight
Location of Lesion	No. in group	No. Dead	No. Sick	No. on Premises
Duration of Problem				

* Was animal euthanized? If so, what method?

Sample	Transport Media	Test(s) Requested	Collection Date

Additional History: Include vaccination status, symptoms, stress factors, treatments, postmortem findings, feed or feed additives, clinical lab results, previous WADDL case numbers and conditions suspected. Attach additional sheets as needed.

"I certify that the specimens submitted with this form were collected by me from the animal(s) described on the date indicated."

Veterinarian's, Clinician's or Owner's Signature:	Condition Suspected
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IDENTIFICATION SHEET FOR MULTIPLE ANIMALS

Online submissions through the client portal are preferred, please see our *Submit a Sample page* on our website for additional information.

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Website: <http://waddl.vetmed.wsu.edu>

Owner: _____

Veterinarian: _____

Test(s) Requested: _____

Tube	Animal # or Name	Tube	Animal # or Name	Tube	Animal # or Name	Tube	Animal # or Name
1	_____	26	_____	51	_____	76	_____
2	_____	27	_____	52	_____	77	_____
3	_____	28	_____	53	_____	78	_____
4	_____	29	_____	54	_____	79	_____
5	_____	30	_____	55	_____	80	_____
6	_____	31	_____	56	_____	81	_____
7	_____	32	_____	57	_____	82	_____
8	_____	33	_____	58	_____	83	_____
9	_____	34	_____	59	_____	84	_____
10	_____	35	_____	60	_____	85	_____
11	_____	36	_____	61	_____	86	_____
12	_____	37	_____	62	_____	87	_____
13	_____	38	_____	63	_____	88	_____
14	_____	39	_____	64	_____	89	_____
15	_____	40	_____	65	_____	90	_____
16	_____	41	_____	66	_____	91	_____
17	_____	42	_____	67	_____	92	_____
18	_____	43	_____	68	_____	93	_____
19	_____	44	_____	69	_____	94	_____
20	_____	45	_____	70	_____	95	_____
21	_____	46	_____	71	_____	96	_____
22	_____	47	_____	72	_____	97	_____
23	_____	48	_____	73	_____	98	_____
24	_____	49	_____	74	_____	99	_____
25	_____	50	_____	75	_____	100 *	_____

*For over 100 samples, please copy this form and continue numbering.