



**College Station Lab**  
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**Amarillo Lab**  
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Amarillo TX 79116 Amarillo TX 79106  
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**TVMDL USE ONLY**

Accession # \_\_\_\_\_

Assignments \_\_\_\_\_

Opened By \_\_\_\_\_

Carrier \_\_\_\_\_

Date Shipped \_\_\_\_\_

Comment \_\_\_\_\_

Owner \_\_\_\_\_  
Research Agreement # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_  
Fax # (\_\_\_\_) \_\_\_\_\_

**\*\*\* Information Below REQUIRED \*\*\***  
ACCOUNT/ID # \_\_\_\_\_  
Clinic \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_  
Fax # (\_\_\_\_) \_\_\_\_\_

**DVM** \_\_\_\_\_ A signature of an Accredited Veterinarian must be provided for release of results on regulatory disease tests.

**Animal IDs** *List Multiples Below*

**Circle One** Bovine, Equine, Porcine, Caprine, Ovine, Canine, Feline, Aquatic, Avian, Zoo/Wildlife, Non-Animal Specimen

Sex: M F M-cast F-spay Breed \_\_\_\_\_ Age: \_\_\_\_\_ Yr Mo Day Fetus Weight : \_\_\_\_\_ Lb Kg **Circle One**

**Test(s) Requested** : For a complete list of tests see the web site at <http://tvmdlweb.tamu.edu> \_\_\_\_\_

Check for Gross Necropsy only  EXPORT CASE Yes  Legal/Insured? Yes

**Specimens Submitted:** \_\_\_\_\_

If biopsy, was entire lesion submitted? Yes  No

**Clinical History (Please print)** - (Clinical signs, Nutrition, Management, Environment, Vaccinations, Treatment, etc.)

**Reporting individual animal results requires ID NUMBERS to be LISTED HERE or on an attached sheet.**

**Specimen Collection Date:** \_\_\_\_\_

**Clinical Diagnosis:** \_\_\_\_\_ **\*\*Results by:** E-Mail Fax (\$1.00) (Circle One)

**\*\*\* An accession fee of \$6.00 (in-state) / \$7.50 (out-of-state) is charged on all submissions. \*\*\***

Send me the following Supplies: Indicated quantity. (Prices may change without prior notice)		Previous TVMDL Cases # _____
Small DOT Shipping Boxes (\$40.00 for case of 10) _____	Prepaid Postage Labels _____	
Large DOT Shipping Boxes (\$12.00 each) _____	TVMDL Submission Forms _____	

**TVMDL USE ONLY:**

Large CRF Fee <input type="checkbox"/>	Large Box <input type="checkbox"/>	Large Styrofoam <input type="checkbox"/>	Absorbent <input type="checkbox"/>
Small CRF Fee <input type="checkbox"/>	Small Box <input type="checkbox"/>	Small Jar <input type="checkbox"/>	Bubble Wrap <input type="checkbox"/>

**CLINICAL HISTORY** (continued):

Treatment and date administered: Antibiotics - [ ] Steroids - [ ] Fluids - [ ] Dewormer - [ ]

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**NECROPSY RECORD**

1. External Exam

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2. Respiratory System

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3. Circulatory System

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4. Digestive System

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5. Urogenital System

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6. Lymphatic System

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7. Endocrine System

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8. Musculoskeletal System

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9. Nervous System

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10. Necropsy Diagnosis