WVDL PINK EYE PCR PANEL VALIDATION SUBMISSION FORM
*****FOR USE UNTIL END OF 2017******
Attn: Jennifer Cooper

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BARRON
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NEW ACCOUNT ❒

For Laboratory Use Only
❒ Frozen ❒ Chilled ❒ Warm

LABEL

* Required field

OWNER* _____
Farm _____
Address* _____
City* _____
State* _____ Zip _____
Premise ID _____
_____
Date samples taken* _____
Date samples shipped* _____

VETERINARIAN* _____
License No.* _____
Clinic _____
Clinic Acct. No. _____
Address* _____
City* _____ State* ___ Zip _____
Clinic Premise ID _____
E-MAIL* _____
Phone* _____ FAX* _____

SPECIMENS SUBMITTED

(Indicate number of samples on line)

*Submitting Veterinarian's Signature** _____
(Signature indicates that specimen(s) were collected by or under the supervision of the signing veterinarian.)

- ☐ Animal, dead (AND) _____
- ☐ Animal, live (ANL) _____
- ☐ Fetus (FETUS) _____
- ☐ Brain (BRAIN) _____
- ☐ Heart (HEART) _____
- ☐ Intestine (INT) _____
  (site _____)
- ☐ Kidney (KIDNEY) _____
- ☐ Liver (LIVER) _____
- ☐ Lung (LUNG) _____
- ☐ Lymph Node (LNODE) _____
  (origin _____)
- ☐ Placenta (PLAC) _____
- ☐ Skin/Dermis (DERM) _____
- ☐ Spleen (SPLEEN) _____
- ☐ Blood, whole (BEDTA) _____
- ☐ Semen (SEMEN) _____
- ☐ Serum (SERUM) _____
- ☐ Urine (URINE) _____
- ☐ Feces (FEC) _____
- ☐ Feed (FEED) _____
- ☐ GI contents (INTCONT) _____
- ☑ Other (OTH) _____
  (specify Eye Swab)

How preserved?
☑ Fresh ☐ Fixed ☐ Frozen

PLEASE CHECK ONE:

SPECIMEN INFORMATION

☑ ***Do ONLY testing indicated.*** ☐ ***Do additional testing as needed.***

	Animal / Specimen ID	Species	Breed	Sex	Age	Specimen type	Test(s) requested
1.							Pink eye PCR, Aerobic Culture
2.							
3.							
4.							
5.							
6.							
7.							
8.							

PCR Panel and culture are performed at no cost to the client and an accession fee will NOT be charged on these cases.

*****If susceptibility or autogenous vaccine are needed, those can be performed at additional cost to the submitter. Please indicate on the submission form if those are being requested when submitting samples.**

DEV-467-NOTIFY

QPulse Document Module/Forms/Client Forms/Submission/GENERALSUBFORM.pdf SOP: ACASEREVIEW