

Georgia Lab Animal Diagnostic Service

License Number Required

G. L. A. D. S

Athens Veterinary Diagnostic Laboratory

501 D.W. Brooks Drive
College of Veterinary Medicine
University of Georgia
Athens, Georgia 30602-7383
Tel: (706) 542-5568

<http://www.vet.uga.edu/dlab/>

Do Not Write Above This Space

Multiple Test Submission Form

Report To:

Veterinarian: _____

Institution: _____

Address: _____

City, State, Zip: _____

Telephone: _____

E-Mail: _____

Fax: _____

Bill To:

Institution: _____

Attn: _____

Address: _____

City, State, Zip: _____

PO# _____

Preferred method to receive report Check one: Email Fax Mail

Specimen Information

Are you aware of any human health hazards which may be associated with this specimen? Yes _____ No _____

If Yes, please state nature: _____

Comments / Special Instructions / Other Information: _____

Signature: _____

Date: _____

Date Shipped: _____ # Samples _____

Age: _____

Species: _____ Strain: _____

Location: _____

PLEASE USE A SEPARATE SUBMISSION FORM FOR EACH SPECIES

Multiple Test Request

Sample #	Specimen ID #	Specimen Type	Sample #	Specimen ID #	Specimen Type
1			11		
2			12		
3			13		
4			14		
5			15		
6			16		
7			17		
8			18		
9			19		
10			20		

Sample #	Specimen ID #	Specimen Type	Sample #	Specimen ID #	Specimen Type
21			31		
22			32		
23			33		
24			34		
25			35		
26			36		
27			37		
28			38		
29			39		
30			40		

Multiple Test Requests

Each test requested below will be assigned to all animals listed

Serology

Agent/ Panel Request

Serum: _____

PCR

Tissue

Agent/ Panel Request

- | | | |
|---|-------|-------|
| 1 | _____ | _____ |
| 2 | _____ | _____ |
| 3 | _____ | _____ |

Microbiology

Tissue

Bacterial Culture request

Parasitology request

- | | | | |
|---|-------|-------|-------|
| 1 | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ |

Clin Path

Tissue

Profile / Test Request

- | | | |
|---|-------|-------|
| 1 | _____ | _____ |
| 2 | _____ | _____ |
| 3 | _____ | _____ |

History
