

Georgia Lab Animal Diagnostic Service

G. L. A. D. S

License Number Required

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/>

PCR Form

Do Not Write Above This Space

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 AND TYPE OF TEST

PCR Request

Sample #	Specimen ID #	Specimen	Agent / Panel Request
1			
2			
3			
4			
5			
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7			
8			
9			
10			

Sample #	Specimen ID #	Specimen	Agent/ Panel Request
11			
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History: _____
