

Georgia Lab Animal Diagnostic Service

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/>

Serology Form

License Number Required

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# _____
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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

Serology Request

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

Sample #	Specimen ID #	Agent/ Panel Request	Sample #	Specimen ID #	Agent / Panel Request
21			51		
22			52		
23			53		
24			54		
25			55		
26			56		
27			57		
28			58		
29			59		
30			60		
31			61		
32			62		
33			63		
34			64		
35			65		
36			66		
37			67		
38			68		
39			69		
40			70		
41			71		
42			72		
43			73		
44			74		
45			75		
46			76		
47			77		
48			78		
49			79		
50			80		

Additional Information:
