

Athens Veterinary Diagnostic Laboratory

University of Georgia, College of Veterinary Medicine

Athens, Georgia 30602-7383

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

On Campus Submission Form

Date: _____

Email Report To:		Bill To (REQUIRED-FILL SECTION OUT COMPLETELY):			
Submitter Name:		<i>All on-campus submissions must provide correct financial information in order to be processed. Samples submitted without completing this section will not be processed until the full chartstring is received by the submitter.</i>			
E-Mail:		Project Name:			
On Campus Address:		Is this a new project and chartstring?		Yes _____	No _____
		Fund:	Program:	Class:	Department:
Telephone:					
Additional Contact Person/Information:		Bus. Unit PC:	Activity ID:	Chartfield 1:	Speedtype:
		Project ID:			

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:

# Samples:	Species:	Breed:	Sex:	Age:
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PLEASE USE A SEPARATE SUBMISSION FORM FOR EACH SPECIES

Test Request

Sample #	Specimen ID #	Specimen Type	Test(s) Requested
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Sample #	Specimen ID #	Specimen Type	Test(s) Requested
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
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37			
38			
39			
40			

History/Additional Information