



SPECIMEN SUBMISSION FORM

(Form-SC-15, version 12-2018)

Alaska State Environmental Health Laboratory

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INSTRUCTIONS: Use a separate form for each species and each owner/broker. Refer to our web site for sample shipping instructions:
<http://dec.alaska.gov/eh/lab.aspx>

Name of Submitter		Name of Owner		<input type="checkbox"/> Notify Owner?	
Mailing Address		City		State	
E-Mail Address		Phone Number			
LOCATION OF ANIMAL(S) AND SAMPLE INFORMATION					
County	State	Premise ID #	Herd/Flock Size	No. in Herd/Flock Affected	No. in Herd/Flock Dead
Date Collected	Collected By		Total Number of Specimens Submitted	Number of Animals Sampled	
Examination(s) Requested: <input type="checkbox"/> Avian Influenza <input type="checkbox"/> Brucellosis <input type="checkbox"/> Chronic Wasting Disease <input type="checkbox"/> Necropsy <input type="checkbox"/> Other: _____					
Purpose of Submission: <input type="checkbox"/> Export <input type="checkbox"/> Foreign Animal Disease <input type="checkbox"/> General Diagnostic <input type="checkbox"/> Import <input type="checkbox"/> Interstate Movement <input type="checkbox"/> Surveillance					
Specimen(s) Submitted: <input type="checkbox"/> Blood <input type="checkbox"/> Feces <input type="checkbox"/> Feed <input type="checkbox"/> Fetus <input type="checkbox"/> Milk <input type="checkbox"/> Parasite <input type="checkbox"/> Serum <input type="checkbox"/> Swab <input type="checkbox"/> Tissue: _____ <input type="checkbox"/> Urine <input type="checkbox"/> Whole Animal Carcass <input type="checkbox"/> Other: _____					
Specimen(s) Collected From: <input type="checkbox"/> Bird, Pet <input type="checkbox"/> Bison <input type="checkbox"/> Cat <input type="checkbox"/> Cattle <input type="checkbox"/> Chicken <input type="checkbox"/> Deer <input type="checkbox"/> Dog <input type="checkbox"/> Donkey <input type="checkbox"/> Elk <input type="checkbox"/> Environment <input type="checkbox"/> Fish <input type="checkbox"/> Goat <input type="checkbox"/> Horse <input type="checkbox"/> Moose <input type="checkbox"/> Reindeer <input type="checkbox"/> Sheep <input type="checkbox"/> Swine <input type="checkbox"/> Turkey <input type="checkbox"/> Yak <input type="checkbox"/> Other: _____					
IDENTIFICATION					
Lab Number	Sample ID	Animal ID/Breed	Age	Sex	
Additional Data (History, clinical signs, post-mortem findings, remarks, tentative diagnostics, etc. Use reverse side/additional sheets as necessary):					
Signature of Submitter				Date	
Received By			Date/Time	Work Order #	

Use this side as a continuation of information on the front of this submission form. A new form is REQUIRED for each species and owner/broker.

Lab Number	Sample ID	Animal ID/Breed	Age	Sex

Additional Data: