

ACCESSION FORM FOR GENERAL DIAGNOSTICS
Washington Animal Disease Diagnostic Laboratory

College of Veterinary Medicine, Washington State University

Web Site: <http://waddl.vetmed.wsu.edu>

US Postal Service mailing address:
 PO Box 647034
 Pullman, WA. 99164-7034

UPS, FedEx or Courier shipping address:
 Bustad Hall, Rm.155-N
 Pullman, WA. 99164-7034

Phone: (509) 335-9696
 FAX: (509) 335 7424
 E-Mail: waddl@vetmed.wsu.edu

WADDL USE ONLY

Please type or use black ink and print clearly.

Veterinarian or Case Coordinator: Name: Last	First Name:
Clinic:	
Street address:	Mailing Address or PO Box:
City:	State: Zip:
Phone:	Fax: E-mail:

Owner: Last Name first:	Guardian Name: (if owner is under 18)
Farm Name:	First Time Submitter? Yes No
Street address:	Mailing Address or PO Box:
City:	State: Zip:
Phone:	Fax: E-mail:

Billing: Owner Clinic 3rd Party (preapproval required) Please note: WADDL policy is to bill the clinic if provided, unless prepaid.

Reporting Preference: Mail Fax Web access - register on web site at <http://waddl.vetmed.wsu.edu>

Please fill out completely as possible:

Specimen(s) Submitted:					Date Collected:
(Please use WADDL Animal ID Sheet for multiple animals.)					Date Shipped:
<i>Tests Requested:</i>	<i>Necropsy</i>	<i>Virology</i>	<i>Bacteriology</i>	<i>IHC</i>	
	<i>Histopathology</i>	<i>Serology</i>	<i>Mycoplasma culture</i>	<i>PCR</i>	
	<i>Toxicology</i>	<i>Fungal Culture</i>	<i>Parasitology</i>	<i>Other:</i>	_____
<i>Note: WADDL reserves the right to modify the tests requested for more efficient case work-up and / or to send specimens to outside laboratories to perform testing not done at WADDL.</i>					
Animal ID (name/tag#)	Species	Breed	Age	Sex	Animal Weight
Location of Lesion	No. in group	No. Dead	No. Sick	No. on Premises	Duration of Problem

* Was animal euthanized? If so, what method?

Additional History: Vaccinations, signs, stress factors, treatments, post mortem findings, pertinent feed or feed additives, clinical lab results, previous WADDL Case Numbers. (Attach additional sheets as necessary.)

WADDL is an official brucellosis testing laboratory. All serology for brucellosis, including abortion screens, requires identification of animals, date of sample collection, and signature of an accredited veterinarian attesting to the following statement:

"I certify that the specimens submitted with this form were collected by me from the animal(s) described on the date indicated."

Veterinarian's, Clinician's or Owner's Signature:	Condition(s) Suspected:
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IDENTIFICATION SHEET FOR MULTIPLE ANIMALS

(To accompany WADDL Accession form, if needed)

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 College of Veterinary Medicine, Washington State University
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 Pullman, WA. 99164-7034 Pullman, WA. 99164-7034
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Owner: _____

Veterinarian: _____

TEST(S) REQUESTED: _____

Tube	Animal # or Name	Tube	Animal # or Name	Tube	Animal # or Name	Tube	Animal # or Name
1	_____	26	_____	51	_____	76	_____
2	_____	27	_____	52	_____	77	_____
3	_____	28	_____	53	_____	78	_____
4	_____	29	_____	54	_____	79	_____
5	_____	30	_____	55	_____	80	_____
6	_____	31	_____	56	_____	81	_____
7	_____	32	_____	57	_____	82	_____
8	_____	33	_____	58	_____	83	_____
9	_____	34	_____	59	_____	84	_____
10	_____	35	_____	60	_____	85	_____
11	_____	36	_____	61	_____	86	_____
12	_____	37	_____	62	_____	87	_____
13	_____	38	_____	63	_____	88	_____
14	_____	39	_____	64	_____	89	_____
15	_____	40	_____	65	_____	90	_____
16	_____	41	_____	66	_____	91	_____
17	_____	42	_____	67	_____	92	_____
18	_____	43	_____	68	_____	93	_____
19	_____	44	_____	69	_____	94	_____
20	_____	45	_____	70	_____	95	_____
21	_____	46	_____	71	_____	96	_____
22	_____	47	_____	72	_____	97	_____
23	_____	48	_____	73	_____	98	_____
24	_____	49	_____	74	_____	99	_____
25	_____	50	_____	75	_____	100 *	_____

* For over 100 samples, please copy this form and continue numbering.