

UTAH VETERINARY DIAGNOSTIC LABORATORY

Utah State University &
Utah Department of Agriculture and Food

Main Laboratory
950 East 1400 North
Logan, UT 84341
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FAX: (435) 797-2805
E-mail: uvdl@cc.usu.edu
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Branch Laboratory
1451 South Main
Nephi, UT 84648
Phone: (435) 623-1402
FAX (435) 623-1548

Laboratory use only

Accession Number: _____
Case Coordinator: _____
Courier: _____
Date received: _____
Accessioned By: _____
Account Number: _____
Amount: _____
Date Paid: _____

Results to be sent to: Veterinarian Owner Other _____
Results by: Fax Mail Email (Cannot e-mail regulatory forms) _____ Legal Case? Y N
Person to be billed: Veterinarian Owner Other _____

Veterinarian _____
Clinic _____
Address _____
City _____ State __ Zip _____
Phone (____) _____
Fax (____) _____
E-Mail Address _____

Owner _____
Business _____
Address _____
City _____ State __ Zip _____
Phone (____) _____
Fax (____) _____
E-Mail Address _____

Species: _____ Breed: _____

Animal ID: _____
(For multiple animals, list ID's on back of form)

Gender: M F Neutered Age: _____

Duration of illness: _____

History: _____

Condition suspected: _____

Laboratory section	Sample(s) submitted	Test(s) requested
<input type="checkbox"/> Bacteriology		
<input type="checkbox"/> Histopathology/IHC		
<input type="checkbox"/> Molecular diagnostics		
<input type="checkbox"/> Parasitology		
<input type="checkbox"/> Serology		
<input type="checkbox"/> Toxicology		
<input type="checkbox"/> Necropsy (Includes disposal; if cremation or incineration desired, check below)		
<input type="checkbox"/> Cremation (Ashes returned)		
<input type="checkbox"/> Incineration (No ashes returned)		
<input type="checkbox"/> Rabies testing		

Note: UVDL 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 UVDL.

Submitted By: _____