



# GENERAL SPECIMEN SUBMISSION FORM

**U.S. Postal Address**  
 Animal Health Diagnostic Laboratory  
 NJ Department of Agriculture  
 PO Box 330  
 Trenton NJ 08625

**Fed Ex/UPS/ Delivery Address**  
 Animal Health Diagnostic  
 Laboratory, NJPHEAL  
 3 Schwarzkopf Drive  
 Ewing, NJ 08628

**Contact Information**  
 Phone: (609) 406-6999  
 Fax: (609) 671-6414  
 Website: www.jerseyvetlab.nj.gov  
 E-mail: jerseyvetlab@ag.nj.gov

\_\_\_\_\_  
 ( Lab Use Only)

Please print FULL name and provide requested information. By submitting specimen/s and submission form/s, submitter is entering into an agreement of the proposed work with the Animal Health Diagnostic Laboratory. Please refer to the website for further details on user policies.

Submitter			
Name:			
Clinic/Institution:			
Address:			
City:		State:	Zip:
Phone:		Fax:	
E-Mail:			
Lab Report will be sent to the email above.		Account Number:	

Owner (Check if same as submitter <input type="checkbox"/> )			
Name:			
Premise ID/Name:			
Address:			
City:		State:	Zip:
Phone:		Fax:	
E-Mail:			

Send Report To:  Submitter  Owner  Other \_\_\_\_\_  
 Bill To:  Submitter  Grant \_\_\_\_\_

Necropsy: Body Remains Disposal after Necropsy  
 Laboratory  Crematory **Name:** \_\_\_\_\_

Animal Identification (See reverse side for additional animals)					
<small>Sex Codes: M=Male, F=Female, C=Castrated Male, S=Spayed Female Age Codes: Y=years, M=months, D=days</small>					
	Animal or Sample ID	Species	Breed	Sex	Age
1					
2					
3					
4					
5					

Specimen Description	
<b>Specimen Collection Date:</b>	
<input type="checkbox"/> Blood, EDTA Qty:	<input type="checkbox"/> Carcass Qty:
<input type="checkbox"/> Feces Qty:	<input type="checkbox"/> Fluid Qty:
<input type="checkbox"/> Serum Qty:	<input type="checkbox"/> Slide Qty:
<input type="checkbox"/> Swab Qty:	<input type="checkbox"/> Tissue fixed Qty:
<input type="checkbox"/> Tissue fresh Qty:	<input type="checkbox"/> Other _____ Qty:

**Testing Purpose:**  Clinical  Regulatory  Surveillance  Import  Export Country of Destination : \_\_\_\_\_  
**Type of flock/herd/group:** \_\_\_\_\_ **Size of flock/herd:** \_\_\_\_\_ **Number sick:** \_\_\_\_\_ **Number sampled:** \_\_\_\_\_

**History/Clinical Signs/Additional information:**

**Necropsy Submissions**

Was the animal euthanized?  Yes  No

What is the date of death/euthanasia? \_\_\_\_\_

How was the body stored during the post-mortem interval?  Frozen  Refrigerated  Other \_\_\_\_\_

**Test/s (Check under multiple species heading if you don't see test under species of interest). Refer to fee schedule on the website for a full list of tests offered and test fees.**

<p><b>Avian:</b>  <input type="checkbox"/> AI PCR   <input type="checkbox"/> AI AGID   <input type="checkbox"/> APMV-1/NDV PCR   <input type="checkbox"/> EEE PCR  <input type="checkbox"/> Necropsy   <input type="checkbox"/> West Nile PCR</p> <p><b>Bovine</b>  <input type="checkbox"/> Blue tongue*   <input type="checkbox"/> Bovine Leucosis ELISA*  <input type="checkbox"/> Brucellosis (requires VS Form 4-33)   <input type="checkbox"/> BSE*   <input type="checkbox"/> BVD PCR  <input type="checkbox"/> Johnes ELISA   <input type="checkbox"/> Johnes PCR   <input type="checkbox"/> Johnes fecal culture</p> <p><b>Caprine/Ovine:</b>  <input type="checkbox"/> Blue tongue*   <input type="checkbox"/> Brucellosis (requires VS form 4-33)  <input type="checkbox"/> CAE/OPP ELISA   <input type="checkbox"/> CL Serology*   <input type="checkbox"/> Scrapie*   <input type="checkbox"/> Herd Health Panel (CAE/OPP, CL*, Johnes ELISA, Brucellosis - requires VS form 4-33)  <input type="checkbox"/> Diarrhea Panel (Johnes PCR, Salmonella Culture, Quant Fecal)</p> <p><b>Canine/Feline:</b>  <input type="checkbox"/> Influenza A PCR   <input type="checkbox"/> Influenza A AGID   <input type="checkbox"/> Lyme</p>	<p><b>Equine:</b>  <input type="checkbox"/> CEM (Breeding)   <input type="checkbox"/> EHV1 SN   <input type="checkbox"/> PHF IFA   <input type="checkbox"/> EEE IgM ELISA  <input type="checkbox"/> EIA AGID   <input type="checkbox"/> EHV1,4 PCR   <input type="checkbox"/> PHF PCR   <input type="checkbox"/> WNV IgM ELISA  <input type="checkbox"/> EIA ELISA   <input type="checkbox"/> Influenza A PCR   <input type="checkbox"/> Lyme   <input type="checkbox"/> EEE PCR  <input type="checkbox"/> EVA SN   <input type="checkbox"/> Strangles PCR   <input type="checkbox"/> WNV PCR</p> <p><b>Equine Panels:</b>  <input type="checkbox"/> Diarrhea (culture, PHF PCR or IFA, Quantitative Fecal parasite exam)  <input type="checkbox"/> Neurologic, serology (EEE, WNV, EHV)**   <input type="checkbox"/> Neurologic, PCR (EEE, WNV, EHV)**   <input type="checkbox"/> Respiratory PCR, (EHV, S. equi, Influenza A)  <b>**Must complete and submit a Neurologic Disease Worksheet</b></p> <p><b>Porcine</b>  <input type="checkbox"/> ASF PCR   <input type="checkbox"/> CSF PCR   <input type="checkbox"/> Influenza A PCR   <input type="checkbox"/> PRV*  <input type="checkbox"/> Brucellosis (requires VS Form 4-33)</p>																														
<p><b>Multiple species</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><input type="checkbox"/> Aerobic Culture &amp; Sensitivity</td> <td style="width:50%; border: none;"><input type="checkbox"/> Aerobic Culture Only</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Anaerobic Culture</td> <td style="border: none;"><input type="checkbox"/> Biopsy/Histopathology</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Brucellosis (requires VS form 4-33)</td> <td style="border: none;"><input type="checkbox"/> FMD PCR</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Fungal culture/ Mycology</td> <td style="border: none;"><input type="checkbox"/> Influenza A PCR</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Johnes ELISA</td> <td style="border: none;"><input type="checkbox"/> Leptospira MAT 6 serovars</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Listeria Culture</td> <td style="border: none;"><input type="checkbox"/> Necropsy</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Qualitative Fecal Parasite Exam</td> <td style="border: none;"><input type="checkbox"/> Quantitative Fecal Parasite Exam</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Salmonella</td> <td style="border: none;"><input type="checkbox"/> West Nile/EEE PCR</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Virus Isolation Please specify virus: _____</td> <td style="border: none;"></td> </tr> </table>	<input type="checkbox"/> Aerobic Culture & Sensitivity	<input type="checkbox"/> Aerobic Culture Only	<input type="checkbox"/> Anaerobic Culture	<input type="checkbox"/> Biopsy/Histopathology	<input type="checkbox"/> Brucellosis (requires VS form 4-33)	<input type="checkbox"/> FMD PCR	<input type="checkbox"/> Fungal culture/ Mycology	<input type="checkbox"/> Influenza A PCR	<input type="checkbox"/> Johnes ELISA	<input type="checkbox"/> Leptospira MAT 6 serovars	<input type="checkbox"/> Listeria Culture	<input type="checkbox"/> Necropsy	<input type="checkbox"/> Qualitative Fecal Parasite Exam	<input type="checkbox"/> Quantitative Fecal Parasite Exam	<input type="checkbox"/> Salmonella	<input type="checkbox"/> West Nile/EEE PCR	<input type="checkbox"/> Virus Isolation Please specify virus: _____		<p><b>Exotic/Zoo/Wild</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><input type="checkbox"/> Blue tongue*</td> <td style="width:50%; border: none;"><input type="checkbox"/> Brucellosis (requires VS Form 4-33)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> CL Serology*</td> <td style="border: none;"><input type="checkbox"/> Johnes Culture</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Johnes PCR</td> <td style="border: none;"><input type="checkbox"/> EEE PCR</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Influenza A AGID</td> <td style="border: none;"><input type="checkbox"/> Influenza A PCR</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> TSE*</td> <td style="border: none;"><input type="checkbox"/> West Nile PCR</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Yersinia culture</td> <td style="border: none;"></td> </tr> </table>	<input type="checkbox"/> Blue tongue*	<input type="checkbox"/> Brucellosis (requires VS Form 4-33)	<input type="checkbox"/> CL Serology*	<input type="checkbox"/> Johnes Culture	<input type="checkbox"/> Johnes PCR	<input type="checkbox"/> EEE PCR	<input type="checkbox"/> Influenza A AGID	<input type="checkbox"/> Influenza A PCR	<input type="checkbox"/> TSE*	<input type="checkbox"/> West Nile PCR	<input type="checkbox"/> Yersinia culture	
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<p><b>Fish</b> – please use the Aquatic Animal Submission Form.  <a href="http://www.jerseyvetlab.nj.gov">www.jerseyvetlab.nj.gov</a></p>	<p><b>Other Tests</b>  <input type="checkbox"/> _____  Refer to test fees schedule for more tests</p>																														

\*Referred tests

<b>Animal Identification (Use Continuation Form for additional specimens)</b> <small>Sex Codes: M=Male, F=Female, C=Castrated Male, S=Spayed Female    Age Codes: Y=years, M=months, D=days</small>					
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6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

**Signature of Submitter:** \_\_\_\_\_      **Date:** \_\_\_\_\_