Arkansas Veterinary Diagnostic Laboratory
1 Natural Resources Drive
Little Rock, AR 72205
(501) 823-1730
agriculture.arkansas.gov

LAB USE ONLY
Section: MIC MOD PAT SER OTHER
Checked in: _____
Carrier: C F U M D
Transit Temp: Ambient Ice Pack Dry Ice
Condition: Frozen Cold Hot Ambient
Damaged Leaking Expired

Sample Collection Date: _____

Veterinarian/Clinic Bill to: ☐
Account #: _____
Name: _____
Clinic: _____
Email: _____
Phone: _____
Address: _____
City/State/Zip: _____

Owner Bill to: ☐
Account #: _____
Name: _____
Email: _____
Phone: _____
Address: _____
City/State/Zip: _____
County: _____ Premises ID: _____

Animal Name/ID *(list additional on back)*: _____

Age: _____ d / w / m / y *(circle one)* **Sex:** ☐ Fetus ☐ Female ☐ Male ☐ Spayed/Neutered

Date of Death: _____ ☐ Euthanized

Species: ☐ Canine ☐ Feline ☐ Bovine ☐ Porcine ☐ Equine ☐ Avian
☐ Caprine ☐ Ovine ☐ Wildlife ☐ Other *(please specify)*: _____
Breed: _____

Specimen(s) *(indicate quantity and type of all specimens submitted)*

Quantity	Specimen	Details / Site / Type
	Serum	
	Whole Blood	☐ EDTA ☐ Lithium Heparin
	Urine	☐ Free Catch ☐ Cytocentesis ☐ Catheter
	Feces	
	Swab	Site:
	Fluid	Site:
	Other	Description:
	Tissue	☐ Fresh ☐ Fixed Type/Location:
	Biopsy	Site:
	Animal Remains *(If submitting a companion animal, a Pet Loss Form is also required.)*	

***Please include history on back of page.*

Test(s) Requested: _____

Submitter Signature: X_____ **Date:** _____

*Visit our website for a current **List of Tests and Fees** and **Sample Submission Guidelines**.*

PLEASE PROVIDE ANY ADDITIONAL ANIMAL ID'S

ALONG WITH A DESCRIPTION OF LESION(S) AND RELEVANT CLINICAL HISTORY