

**ACCESSION FORM FOR GENERAL DIAGNOSTICS**  
**Washington Animal Disease Diagnostic Laboratory**  
 College of Veterinary Medicine, Washington State University  
 Web Site: <http://waddl.vetmed.wsu.edu>

WADDL USE ONLY

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](mailto:waddl@vetmed.wsu.edu)

*Please type or use black ink and print clearly.*

Veterinarian or Case Coordinator: Name:		Last		First	
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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:*  
*(Please use WADDL Animal ID Sheet for multiple animals.)*

<b>Specimen(s) Submitted:</b>					<b>Date Collected:</b>	
					<b>Date Shipped:</b>	
Tests Requested: <input type="checkbox"/> Necropsy/Histopathology <input type="checkbox"/> Virology <input type="checkbox"/> Bacteriology <input type="checkbox"/> IHC <input type="checkbox"/> Other: <input type="checkbox"/> Surgical Biopsy Histopathology <input type="checkbox"/> Serology <input type="checkbox"/> Mycoplasma Culture <input type="checkbox"/> PCR <input type="checkbox"/> Field Necropsy Histopathology <input type="checkbox"/> Fungal Culture <input type="checkbox"/> Parasitology <input type="checkbox"/> Toxicology						
<small>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. Samples are discarded 30 days after receipt.</small>						
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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