**Washington Animal Disease Diagnostic Laboratory**  
College of Veterinary Medicine, Washington State University  
Web Site: [http://waddl.vetmed.wsu.edu](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

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**Veterinarian or Case Coordinator:**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
</tr>
</thead>
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<tr>
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</table>

**Clinic:**

<table>
<thead>
<tr>
<th>Street address</th>
<th>Mailing Address</th>
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<tr>
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</table>

**City:**

<table>
<thead>
<tr>
<th>State</th>
<th>Zip</th>
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**Phone:**

<table>
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<tr>
<th>Fax</th>
<th>E-mail</th>
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**Billing:**

- [ ] Owner  
- [ ] Clinic  
- [ ] 3rd Party (preapproval required)

**Note:** Unless prepaid, WADDL will bill the work to the Clinic if listed above.

**Reporting Preference:**

- [ ] Mail  
- [ ] Fax  
- [ ] Web access - register on web site at [http://waddl.vetmed.wsu.edu](http://waddl.vetmed.wsu.edu)

**Please fill out completely as possible:**

**Date Collected**

**Date Shipped**

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**Specimen(s) Submitted:**

- Necropsy/Histopathology  
- Virolgy
- Bacteriology
- IHC
- Other

- Surgical Biopsy Histopathology
- Serology
- Mycoplasma Culture
- PCR
- Toxicology

- Field Necropsy Histopathology
- Fungal Culture
- Parasitology

**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 submitted become the property of WADDL and may be disposed of in 30 days.

**Animal ID (name/tag#)**

<table>
<thead>
<tr>
<th>Species</th>
<th>Breed</th>
<th>Age</th>
<th>Sex</th>
<th>Animal Weight</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

**Location of Lesion**

<table>
<thead>
<tr>
<th>No. in group</th>
<th>No. Dead</th>
<th>No. Sick</th>
<th>No. on Premises</th>
<th>Duration of Problem</th>
</tr>
</thead>
<tbody>
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</table>

**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.)

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**Veterinarian’s, Clinician’s or Owner’s Signature:**

**Condition(s) Suspected:**

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"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:**

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- Pullman, WA. 99164-7034

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FORM-QA-8A/4