

Washington Animal Disease Diagnostic Laboratory

College of Veterinary Medicine, Washington State University

Web Site: <http://waddl.vetmed.wsu.edu>

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DO NOT SHIP FEDEX GROUND

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WADDL USE ONLY

Please type or use black ink and print clearly.

Veterinarian or Case Coordinator: Last Name:		First Name
Clinic:		
Street address:		Mailing Address
City:	State:	Zip:
Phone:	Fax:	E-mail:

Farm Name:		First Time Submitter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Owner: Last Name first:		Guardian Name: (if owner is under 18)
Street address:		Mailing Address
City:	State:	Zip:
Phone:	Fax:	E-mail:

Billing Preference: <input type="checkbox"/> Owner <input type="checkbox"/> Clinic <input type="checkbox"/> 3rd Party (preapproval required)	Note: Unless prepaid, WADDL will bill the work to the Clinic if listed above.
Reporting Preference: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Web access - register on web site at http://waddl.vetmed.wsu.edu	

Please fill out completely as possible:

Specimen(s) Submitted: <small>(Please use WADDL Animal ID Sheet for multiple animals.)</small>	Date Collected:
	Date Shipped:

Tests Requested:

<input type="checkbox"/> Necropsy/Histopathology ----->	<input type="checkbox"/> Cremation <small>(attach form)</small>	<input type="checkbox"/> Bacteriology	<input type="checkbox"/> IHC	<input type="checkbox"/> Virology
<input type="checkbox"/> Surgical Biopsy Histopathology	<input type="checkbox"/> Serology	<input type="checkbox"/> Mycoplasma Culture	<input type="checkbox"/> PCR	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Field Necropsy Histopathology	<input type="checkbox"/> Fungal Culture	<input type="checkbox"/> Parasitology	<input type="checkbox"/> Toxicology	

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#)	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.)

"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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