

ACCESSION FORM FOR WSU VETERINARY TEACHING HOSPITAL

Washington Animal Disease Diagnostic Laboratory

College of Veterinary Medicine, Washington State University

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

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Please type or use black ink and print clearly.

Referring Veterinarian or WSU Clinician:	Student Name:
Clinic: Washington State University Veterinary Teaching Hospital Pullman, WA. 99165	Student Phone:
Phone:	Pager:
Date Drawn/Sampled:	E-mail:

WADDL USE ONLY

Please place owner sticker here.

Please place animal sticker here.	Animal Weight	Number in Group	No. Dead	No. Sick
	No. on Premises	Duration of Problem	Location of Lesion	
	Previous WADDL case(s)? Yes No		Was animal euthanized? If so, what method?	

Please fill out completely as possible:

Specimen(s) submitted:	Date Collected:
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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	

Note: WADDL reserves the right to modify the tests requested for more efficient case work-up and / or to send specimens to outside laboratories that perform testing not done at WADDL. Samples are discarded 30 days after receipt.

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 or Clinician's Signature:	Condition(s) Suspected:
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