If you need an accessible version or help completing the document, please contact waddl@vetmed.wsu.edu.

**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](http://waddl.vetmed.wsu.edu)

**Mailing address:** PO Box 647034 Pullman, WA 99164-7034  
**Phone:** 509-335-9696  
**Fax:** 509-335-7424  
**Email:** waddl@vetmed.wsu.edu

**Shipping address:** 1940 SE Olympia Ave, Pullman, WA 99164-7034

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**Please fill out completely as possible:**

<table>
<thead>
<tr>
<th>Referring Veterinarian or WSU Clinician:</th>
<th>Student Name:</th>
</tr>
</thead>
</table>
| **Clinic:** Washington State University  
Veterinary Teaching Hospital  
Pullman, WA. 99165 | Student Phone: |
| **Phone:** | Pager: |
| **Date Drawn/Sampled:** | E-mail: |

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<table>
<thead>
<tr>
<th>Animal Weight</th>
<th>Number in Group</th>
<th>No. Dead</th>
<th>No. Sick</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. on Premises</td>
<td>Duration of Problem</td>
<td>Location of Lesion</td>
<td></td>
</tr>
</tbody>
</table>

**Previous WADDL case(s)?**  
[ ] Yes  
[ ] No  
**Was animal euthanized? If so, what method?**  
[ ] Yes  
[ ] No  
**Cremation wanted?**  
[ ] Yes  
[ ] No

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<table>
<thead>
<tr>
<th>Specimen(s) submitted:</th>
<th>Date Collected:</th>
</tr>
</thead>
</table>

**Tests Requested:**  
- [ ] Necropsy/Histopathology  
- [ ] Virology  
- [ ] Bacteriology  
- [ ] IHC  
- [ ] Other:  
- [ ] Surgical Biopsy Histopathology  
- [ ] Serology  
- [ ] Mycoplasma Culture  
- [ ] PCR  
- [ ] Field Necropsy Histopathology  
- [ ] Fungal Culture  
- [ ] Parasitology  
- [ ] Toxicology

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**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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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:**