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

Mailing address: PO Box 647034 Pullman, WA. 99164-7034

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Phone: 509-335-9696 Fax: 509-335-7424 Email: waddl@vetmed.wsu.edu

| 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: | | WADDL | |
| Phone: Pager: | | | WADDL | | |
| E-mail: | | | | | USE |
| | | | | | 001 |
| Please place owner sticker here. | | | | | ONLY |
| | | | | | |
| | | | | | |
| | | Animal Weight | Number in Group | No. Dead | No. Sick |
| Please place animal sticker here. | | No. on Premises | Duration of Problem | Location of Le | sion |
| | | Previous WADDL case(s | Previous WADDL case(s)? Was animal euthanized? If so, what method? | | |
| | | ☐ Yes ☐ No | | | |
| | | Cremation wanted? | ☐ Yes | ☐ No | |
| Please fill out comp | | | | 1 | |
| Specimen(s) sub | bmitted: | | | Date C | ollected: |
| | | | | | |
| | | | | | |
| Tests | | _ | | | her: |
| Requested: Surgical Biopsy Histopathology Serology Mycoplasma Culture PCR Field Necropsy Histopathology Fungal Culture Parasitology Toxicology | | | | | |
| Note: WADDL reserv | Field Necropsy Histopathology Fives the right to modify the tests requested for more efficient case work- | -up and / or to send specimens to outside la | aboratories that perform testing not o | | s submitted are the property of |
| WADDL and may be 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.) | | | | | |
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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 | | | | | |
| | credited veterinarian attesting to the following statem that the specimens submitted with this for | | | cribed on the da | ate indicated." |
| Veterinarian's or Clinician's Signature: | | | Condition(s) Suspected: | | |