

MARYLAND DEPARTMENT OF AGRICULTURE
 SALISBURY ANIMAL HEALTH LABORATORY
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Accession #: _____
 Date/Time Delivered: _____
 Accessioned By: _____
 Completed: _____

Services Request Form

Owner:		Vet/Clinic:	
Address:		Address:	
City:		City:	
State:	Zip:	State:	Zip:
Email:		Email:	
Phone:		Phone:	
Fax:		Fax:	
Report Distribution: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> US Mail		Report Distribution: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> US Mail	
Payment Type (Circle One): Cash <input type="checkbox"/> Check <input type="checkbox"/> M.O. <input type="checkbox"/> (Check/M.O. # _____)		Amount \$:	Received: _____ By: _____

Sample Submission

Animal Information		Sample Information		
Avian: #___ Chicken #___ Turkey #___ Duck #___ Other Avian (list): _____ #___ Bovine #___ Caprine #___ Equine #___ Ovine #___ Porcine #___ Other Animal(list): _____		Date Collected: ___ Tracheal Swab ___ Cloacal Swab ___ Choanal Swab ___ Serum ___ Whole Blood ___ Feces ___ Milk ___ Environmental ___ Other: _____		
Animal ID:	Breed:	Age:	Sex:	Wt:
Test(s) Requested:				
Comments:				

Necropsy Submission

Species:	Breed:	Age:	Sex:	Wt:
Animal Name:	Specimen(s) Submitted:			# Submitted:
History (Including Treatment, Vaccinations & Feed):				

Pathology Notes - For Laboratory Use Only



Preliminary Diagnosis:						
Final Diagnosis:						
Comments:						
Reported To:					Date:	
Attending Veterinarian:					Reviewed By:	
MICROBIOLOGY:						
Agar ID	# Plates	Tissue	Necropsy Tech	Sample Recipient	Micro Tech	Completed
PARASITOLOGY:						
Test	# Slides/# Plates	Sample	Necropsy Tech	Sample Recipient	Micro Tech	Completed
MOLECULAR/VIROLOGY:						
Test	# Tubes	Sample	Necropsy Tech	Sample Recipient	PCR/VI Tech	Completed
SEROLOGY:						
Test	# Tubes	Sample	Necropsy Tech	Sample Recipient	Sero Tech	Completed
HISTOPATHOLOGY:						
Tissues			Necropsy Tech	Where/When Sent		Completed