



University of Maine Animal Health Laboratory  
5735 Hitchner Hall, Room 133  
Orono, ME 04469-5735  
(207) 581-2789 Veterinarian  
(207) 581-2775 Laboratory  
(207) 581-4430 Fax

\*\*\*\*\***PRODUCTION ANIMAL FORM**\*\*\*\*\*

ACCESSION # \_\_\_\_\_  
[to be filled in by lab personnel]

DATE: \_\_\_\_\_

1. Responsible Party: \_\_\_\_\_ Preferred contact method: \_\_\_\_\_  
(We will send interim reports to this person) (Phone #, fax # or email address)

2. Animal's Owner: \_\_\_\_\_ Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

3. Veterinarian: \_\_\_\_\_ Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

4. Submitter: \_\_\_\_\_ Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Submitters Relationship to Responsible Party: \_\_\_\_\_

**Sample Quality Policy:**

If samples arrive at the lab in poor condition (warm, leaking, etc.) then the responsible party will be notified immediately, using the preferred contact #. If you let us know by 4 pm (on the day they are submitted) **not** to test these samples, then no charge will be incurred. If we don't get a reply by 4 pm, we will test the samples.

**Sample Information:**

Species \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ # \_\_\_\_\_

TEST(S) REQUESTED: \_\_\_\_\_

MATERIAL SUBMITTED: Whole Animal \_\_\_\_ Tissue \_\_\_\_ Milk \_\_\_\_ Blood/Serum \_\_\_\_ Feces \_\_\_\_  
Other \_\_\_\_\_

DURATION OF SICKNESS: \_\_\_\_\_ HOUR/DATE OF DEATH \_\_\_\_\_



Please check one:

\_\_\_\_\_ I authorize the lab to perform any recommended tests, without requiring an estimate, and agree to pay any and all fees associated with them.

OR

\_\_\_\_\_ I require an estimate before any tests other than the requested tests are performed, and realize that approving an estimate before authorizing tests beyond those specifically requested may slow the resolution of the case; PROVIDED, however, that this estimate requirement shall not apply in the event any tests other than the requested tests are deemed necessary in the professional judgment of the Animal Health Laboratory staff for public health or safety reasons, and I agree to pay any and all fees associated with such necessary tests.

Confidentiality: I understand that personally identifiable information held by the Animal Health Laboratory will be considered confidential, except that it may be disclosed as required by law, including, but not limited to, disclosure pursuant to subpoena or court order, disclosure of reportable diseases and disclosure of suspected animal cruelty.

**PLEASE READ THE FOLLOWING CAREFULLY AND SIGN:**

The Animal Health Laboratory will send a bill for all services and tests to the person or entity identified above as the one to receive the bill. IN THE EVENT SUCH PERSON OR ENTITY DOES NOT PAY THE BILL ON A TIMELY BASIS, SUBMITTER AGREES BY SIGNING BELOW TO BE PERSONALLY FINANCIALLY RESPONSIBLE FOR PAYMENT FOR ALL SERVICES AND TESTS.

I DECLARE THAT I COMPLETELY UNDERSTAND AND HAVE FULLY INFORMED MYSELF OF THE TERMS AND CONDITIONS OF THIS ACCESSION FORM BY HAVING READ IT, OR HAVING IT READ TO ME, BEFORE SIGNING AND I INTEND TO BE FULLY BOUND THEREBY.

Assented and agreed to on this \_\_\_\_\_ day of \_\_\_\_\_. 20\_\_\_\_\_.

Signature of submitter: \_\_\_\_\_