University of Maine Veterinary Diagnostic Laboratory

17 Godfrey Drive

Orono, ME 04469

(207) 581-2789 Veterinarian

(207) 581-2775 Laboratory

(207) 581-4430 Fax



**Please enclose this form in a Ziploc bag, seal and tape it to the outside of the box in which samples are shipped.**

**PRODUCTION ANIMAL FORM**

ACCESSION # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[to be filled in by lab personnel]

1. Animal’s Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Veterinarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Submitter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

4. Financially Responsible Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Estimate must be authorized by this person)

Contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Phone AND email address)

5. Who should receive the interim report (check preferred contact method for each)?   
 Owner \_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_

Veterinarian \_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_

Submitter \_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_

Who should receive the final report and bill? Owner \_\_\_\_\_ Veterinarian \_\_\_\_ Submitter\_\_\_\_

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 \_\_\_\_\_\_\_\_\_# \_\_\_\_\_\_\_\_\_\_

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

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Suspected condition (first priority of testing): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vaccination History: type/when given? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications given within 1 week prior to submission (name/dose/date of most recent dose): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diet (general type/amount/brand name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group housing? \_\_\_\_\_\_\_\_\_\_\_ # in group?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # affected? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

History and symptoms of the current problem:

NOTE: IN THE EVENT THE PERSON OR ENTITY DESIGNATED DOES NOT MAKE PAYMENT ON A TIMELY BASIS, SUBMITTER SHALL BE PERSONALLY FINANACIALLY RESPONSIBLE FOR PAYMENT FOR ALL SERVICE AND TESTS.

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 DECLAIRE 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship of submitter to owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(self, employee, neighbor/friend, technical service rep, etc.)