## UCONN COLLEGE OF AGRICULTURE, HEALTH AND NATURAL RESOURCES

PATHOBIOLOGY AND VETERINARY SCIENCE • CONNECTICUT VETERINARY MEDICAL DIAGNOSTIC LABORATORY 61 North Eagleville Road, Unit 3089, Storrs, CT 06269 Website: www.cvmdl.uconn.edu

## Telephone: (860) 486-3738

Email: CVMDL.office@uconn.edu

Aquatic Pathology Submission Form	
Institution/Submitter:	Veterinary Clinic:
Primary Contact:	Veterinarian:
Mailing Address:	Street Address:
City/State/ Zip:	City/State/ Zip:
Telephone No	Telephone No.:
Email Address:	Email Address:
Party Providing Payment *	Party Providing Payment *
Send Report to: []Submitter []Veterinary Clinic []Both Results are sent via email **Check Junk Folder**	
Additional Reporting Method/Party(s):	
Third Party Billing Info*:	
Animal Identification/Name:Spe	ecies:Breed:
Sex:Age :	Weight:
[ ] Collection Animal [ ] Stranded Animal Address where found if stranded:	
Death:  [] Suthanasia Specify Method:	
	Additional History/Submission Info on Back
Disposition of Tissue:  [] Dispose of tissue (No additional fee)  [] Return Material (contact Laboratory) : FedEx Account No.:	
Specimen Information:  []Live Animal  []Dead Animal (Fixed—whole)  []Dead Animal (Fixed—tissue set)    []Dead Animal (Fresh)  []Dead Animal (Frozen)  []Other, Specify	
Vaccination History:	
Clinical Diagnosis:	
Previous Accession No.:	
Specimens and samples submitted to the CVMDL for investigation* become the property of the CVMDL. Samples and specimens may be tested as part of State/ Federal surveillance programs. Test results may be shared with relevant Local, State, or Federal agencies as required by law. Anonymized samples, specimens, and test results may be used in the teaching of students, in professional publications, or in the development of new assays. *Excludes tissues or clinical samples submitted by PIs as part of their research, or submissions of federally regulated species. Return of samples associated with federally regulated species or institutional collections will be arranged on a case by case basis.	
Office Use	Pathologist(s) in charge:
Received Date/Time/Staff Initials:	Submitted by: [] Veterinarian [] Institution

Payment received: \$\_\_\_\_[ ]CC [ ]Check (#\_\_\_)

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[ ] Courier, Specify

Additional Submission Information / History continued: