UCONN | COLLEGE OF AGRICULTURE, HEALTH AND NATURAL RESOURCES

PATHOBIOLOGY AND VETERINARY SCIENCE • CONNECTICUT VETERINARY MEDICAL DIAGNOSTIC LABORATORY

Laboratory Use Only

Accession No.

**Submitter – Required**

**Agency Name:** _____

**Animal Owner/Premises ID:** _____

**Sample Type: T-Tracheal Swab, O-Oropharyngeal Swab, C-Cloacal Swab, E- Environmental , Ca -Carcass, L-Live Bird**

| AI Tube # | Sample # | Sample Type | IDENTIFICATION # | SPECIES/BREED | SEX | AGE |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

UCONN | COLLEGE OF AGRICULTURE, HEALTH AND NATURAL RESOURCES

PATHOBIOLOGY AND VETERINARY SCIENCE • CONNECTICUT VETERINARY MEDICAL DIAGNOSTIC LABORATORY

Laboratory Use Only

Accession No.

**Submitter – Required**

**Agency Name:** _____

**Animal Owner/Premises ID:** _____

**Sample Type: T-Tracheal Swab, O-Oropharyngeal Swab, C-Cloacal Swab, E- Environmental , Ca -Carcass, L-Live Bird**

| AI Tube # | Sample # | Sample Type | IDENTIFICATION # | SPECIES/BREED | SEX | AGE |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |