



Animal Health Division
West Virginia Department of Agriculture

60B Moorefield Industrial Park Road Moorefield, WV 26836

Phone: 304-538-2397 FAX: 304-427-2303

Lab hours: Monday - Friday, 8am - 4:00pm

Laboratory Accession Form

Owner Information		Veterinarian Information	
Name:	Premise ID:	Name:	License number:
Farm:	Accession No:	Clinic:	
Address:		Address:	
City:	State: Zip:	City:	State: Zip:
County:	Phone:	Phone:	Fax:
Email:		Email:	
Date/time samples taken:		Submitting Veterinarian signature <i>(indicates specimen(s) were collected by or under supervision of signing veterinarian)</i>	
Sample ship date:			

Diagnostic Test Request

Molecular Testing (PCR)		Serology Testing
<input type="checkbox"/> African Swine Fever	<input type="checkbox"/> Mycoplasma gallisepticum (MG)	Influenza A: <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
<input type="checkbox"/> Classical Swine Fever	<input type="checkbox"/> Mycoplasma synoviae (MS)	Mycoplasma gallisepticum (MG): <input type="checkbox"/> ELISA <input type="checkbox"/> HI <input type="checkbox"/> RPA
<input type="checkbox"/> Influenza A	<input type="checkbox"/> Virulent Newcastle Disease	Mycoplasma meleagridis (MM): <input type="checkbox"/> ELISA <input type="checkbox"/> HI <input type="checkbox"/> RPA
<input type="checkbox"/> Foot and Mouth Disease		Mycoplasma synoviae (MS): <input type="checkbox"/> ELISA <input type="checkbox"/> HI <input type="checkbox"/> RPA
		Salmonella Pullorum Typhoid: <input type="checkbox"/> Microagglutination Titer Test (MATT)
Purpose of Test:	<input type="checkbox"/> slaughter <input type="checkbox"/> diagnostic <input type="checkbox"/> pre-movement <input type="checkbox"/> NPPI <input type="checkbox"/> surveillance <input type="checkbox"/> export <input type="checkbox"/> other _____	Swab source/site:
Specimen Type:	<input type="checkbox"/> whole blood <input type="checkbox"/> serum <input type="checkbox"/> lymph node <input type="checkbox"/> tonsil scraping swab <input type="checkbox"/> tissue specimen: <input type="checkbox"/> spleen <input type="checkbox"/> tonsil <input type="checkbox"/> other _____	

History: (include clinical signs, vaccinations, duration of illness, number sick or dead, number in group or farm, treatment and responses)

