



**Animal Health Division  
West Virginia Department of Agriculture**

60B Moorefield Industrial Park Road Moorefield, WV 26836  
Phone: 304-538-2397 FAX: 304-538-8133  
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:		<b>Submitting Veterinarian signature</b> <i>(indicates specimen(s) were collected by or under supervision of signing veterinarian)</i>	
Sample ship date:			

DIAGNOSTIC TEST REQUEST		
<input type="checkbox"/> African Swine Fever: rRT-PCR	<input type="checkbox"/> Classical Swine Fever: rRT-PCR	<input type="checkbox"/> Swine Influenza: rRT-PCR <input type="checkbox"/> Foot and Mouth Disease: rRT-PCR
<input type="checkbox"/> Virulent Newcastle Disease: Matrix rRT-PCR	Mycoplasma meleagridis(MM): <input type="checkbox"/> RPA <input type="checkbox"/> ELISA <input type="checkbox"/> HI	Avian Influenza: <input type="checkbox"/> AGID-Serum <input type="checkbox"/> AGID-Egg <input type="checkbox"/> ELISA-Serum
Salmonella Pullorum Typhoid <input type="checkbox"/> Microagglutination Titer Test(MATT)	Mycoplasma synoviae(MS): <input type="checkbox"/> RPA <input type="checkbox"/> rRT-PCR <input type="checkbox"/> ELISA <input type="checkbox"/> HI	<input type="checkbox"/> Matrix rRT-PCR <input type="checkbox"/> Matrix rRT-PCR EXPORT <input type="checkbox"/> Gas Chromatography: GCMS
Mycoplasma gallisepticum(MG): <input type="checkbox"/> RPA <input type="checkbox"/> ELISA <input type="checkbox"/> rRT-PCR <input type="checkbox"/> HI		

<b>Purpose of test:</b> <input type="checkbox"/> slaughter <input type="checkbox"/> diagnostic <input type="checkbox"/> pre-movement <input type="checkbox"/> NPIP <input type="checkbox"/> Surveillance <input type="checkbox"/> Export <input type="checkbox"/> other _____	Swab source/site:
<b>Specimen type:</b> <input type="checkbox"/> whole blood <input type="checkbox"/> serum <input type="checkbox"/> lymph node <input type="checkbox"/> tonsil scraping <input type="checkbox"/> swab <input type="checkbox"/> Tissue specimen from Spleen <input type="checkbox"/> Tissue specimen from 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)

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\_\_\_\_\_

Tube No.	Animal ID/Name	Species	Breed	Sex	Age	Neutered	Color	Weight
					_____ <input type="checkbox"/> weeks <input type="checkbox"/> hours <input type="checkbox"/> months <input type="checkbox"/> days <input type="checkbox"/> years	<input type="checkbox"/> yes  <input type="checkbox"/> no		
					_____ <input type="checkbox"/> weeks <input type="checkbox"/> hours <input type="checkbox"/> months <input type="checkbox"/> days <input type="checkbox"/> years	<input type="checkbox"/> yes  <input type="checkbox"/> no		

