



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

**Kent A. Leonhardt**  
Commissioner

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Lab hours: Monday - Friday, 8am - 4:30pm

**Dr. James Maxwell**  
State Veterinarian

**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:			

Types of disease samples taken		
Brucella abortus*	<input type="checkbox"/> Brucella abortus BAPA <input type="checkbox"/> Brucella abortus Card 10-G for goats	<input type="checkbox"/> Brucella abortus Card 10-S for ruminants <input type="checkbox"/> Brucella abortus SPT
<input type="checkbox"/> Blue tongue virus	<input type="checkbox"/> Bovine Leukemia Virus (BLV) ELISA	<input type="checkbox"/> Caprine Arthritis Encephalitis (CAE) ELISA
<input type="checkbox"/> Equine Infectious Anemia (EIA) ELISA *	<input type="checkbox"/> Leptospirosis Antibody MA test 7 serovars	<input type="checkbox"/> M. paratuberculosis - Johne's ELISA
<input type="checkbox"/> Ovine Progressive Pneumonia (OPP) ELISA	<input type="checkbox"/> Pseudorabies Virus (PRV) ELISA	<input type="checkbox"/> Aerobic Culture & Susceptibility
<input type="checkbox"/> Aerobic Culture only	<input type="checkbox"/> Anaerobic Culture	<input type="checkbox"/> Anaplasmosis ELISA
<input type="checkbox"/> Mastitis Culture	<input type="checkbox"/> Salmonella Culture only	<input type="checkbox"/> Fecal Flotation

\*For regulatory tests such as Brucellosis and EIA submit special forms.

<b>Purpose of test:</b> <input type="checkbox"/> herd certification <input type="checkbox"/> diagnostic <input type="checkbox"/> abortion <input type="checkbox"/> prepurchase/sale <input type="checkbox"/> other _____	Swab source/site:
<b>Specimen type:</b> <input type="checkbox"/> whole blood <input type="checkbox"/> serum <input type="checkbox"/> feces <input type="checkbox"/> milk <input type="checkbox"/> urine <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		

