



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

Kent A. Leonhardt
Commissioner

1900 Kanawha Blvd., East, Charleston, WV 25305-0170
Phone: 304-558-2214 FAX: 304-558-3594
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:			Submitting Veterinarian signature <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"/> Bovine Viral Diarrhea (BVD) ELISA	<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.

Purpose of test:	<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:
Specimen type:	<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)

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		

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