

U.S. DEPARTMENT OF AGRICULTURE
 ANIMAL AND PLANT HEALTH INSPECTION SERVICE
 NATIONAL VETERINARY SERVICES LABORATORIES
 P.O. BOX 844, 1800 DAYTON AVENUE
 AMES, IOWA 50010
 (515) 663-7212

INSTRUCTIONS: Use a separate form for each species and each owner/broker. See instructions for completing VS FORM 10-4 for definitions (Item 12) and instructions for identification (Item 20).

PAGE

OF

SPECIMEN SUBMISSION

1. NAME OF SUBMITTER		2. NAME OF OWNER	
MAILING ADDRESS (Street, City, State, and Zip Code)		CITY	STATE
		3. LOCATION OF ANIMALS	
		COUNTY	STATE
Phone No.	FAX No.		

4. PAYMENT METHOD ("X" applicable item and provide information)		EXP. DATE:
<input type="checkbox"/> USER FEE ACCOUNT NO.: _____	<input type="checkbox"/> MC/VISA NO.: _____	
<input type="checkbox"/> CHECK/MONEY ORDER ENCLOSED (Made payable to "USDA" in U.S. Dollars)		

5. HERD/FLOCK SIZE	8. EXAMINATIONS REQUESTED	9. COLLECTED BY
6. NO. IN HERD/FLOCK AFFECTED		10. DATE COLLECTED
7. NO. IN HERD/FLOCK DEAD		11. AUTHORIZED BY

12. PURPOSE OF SUBMISSION ("X" one) (See instructions for definitions)		13. COUNTRY OF ORIGIN/DESTINATION
<input type="checkbox"/> General Diagnostic	<input type="checkbox"/> Surveillance	
<input type="checkbox"/> FAD/EP Diagnostic	<input type="checkbox"/> Developmental Research	
<input type="checkbox"/> NVSL Intralab Diagnostic	<input type="checkbox"/> Reagent Evaluation	
<input type="checkbox"/> Import	<input type="checkbox"/> Interstate Movement	
<input type="checkbox"/> Export	<input type="checkbox"/> TB	14. REFERRAL NUMBER

15. PRESERVATION ("X" applicable item(s))

None Ice Pack Dry Ice Formalin Borax Alcohol Other (specify) _____

16. SPECIMENS SUBMITTED ("X" applicable item(s))		17. TOTAL NUMBER OF SPECIMENS SUBMITTED
<input type="checkbox"/> Blood	<input type="checkbox"/> Feces	
<input type="checkbox"/> Culture	<input type="checkbox"/> Feed	
<input type="checkbox"/> Extract	<input type="checkbox"/> Milk	
<input type="checkbox"/> Parasite	<input type="checkbox"/> Plant	
<input type="checkbox"/> Serum	<input type="checkbox"/> Soil	
<input type="checkbox"/> Tissue	<input type="checkbox"/> Swab	
<input type="checkbox"/> Whole Bird	<input type="checkbox"/> Urine	
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Fetus	
<input type="checkbox"/> Water		

18. SPECIES OR SOURCE ("X" one)		19. NUMBER OF ANIMALS SAMPLED
<input type="checkbox"/> Cattle	<input type="checkbox"/> Goat	
<input type="checkbox"/> Swine	<input type="checkbox"/> Horse	
<input type="checkbox"/> Sheep	<input type="checkbox"/> Donkey	
<input type="checkbox"/> Environment	<input type="checkbox"/> Reagent	
<input type="checkbox"/> Chicken	<input type="checkbox"/> Turkey	
<input type="checkbox"/> Bison	<input type="checkbox"/> Dog	
<input type="checkbox"/> Deer	<input type="checkbox"/> Elk	
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Pet Bird	
	<input type="checkbox"/> Cat	
	<input type="checkbox"/> Fish	

20. IDENTIFICATION (See instructions)				IDENTIFICATION (See instructions)			
Sample ID	Animal ID/Breed	Age	Sex	Sample ID	Animal ID/Breed	Age	Sex

21. ADDITIONAL DATA (History, clinical signs, post mortem findings, remarks, tentative diagnosis, etc. Use additional sheets if necessary.)

22. SIGNATURE OF SUBMITTER AND DATE				NVSL ACCESSION NO
NVSL USE ONLY				
CONDITION	PRIORITY	DISTRIBUTION	RECEIVED BY	