

General Submission Form



Animal Health Diagnostic Center

College of Veterinary Medicine, Cornell University
 In Partnership with the NYS Dept of Ag & Markets
 US Postal Service Address: PO Box 5786 Ithaca, NY 14852-5786
 Counter Service Address: Upper Tower Rd Ithaca, NY 14853
 AHDC Contacts
 Phone: 607-255-5000
 Fax: 607-255-5943
 Web: diagcenter.vet.cornell.edu
 E-mail: diagcenter@cornell.edu

LAB USE ONLY
 AHDC Accession No./Date
 Pathology Case Number (if any)

PLEASE COMPLETE ALL FIELDS. PRINT LEGIBLY, AND ENTER ONLY ONE OWNER PER FORM

| | |
|--|--|
| Enter Your Cornell AHDC Acct No. _____ | Your Internal Case/Reference No.** _____ |
| Submitting Veterinarian* PD DR. INA PFEIFFER | Owner MAX MUSTERMANN |
| Clinic Name GENOCANIN | Address MUSTERSTR |
| Address GOTTSCHALKSTRASSE 22 | City, State, Zip MUSTERHAUSEN GERMANY 3333 |
| City, State, Zip KASSEL GERMANY 34127 | Phone Number (+ 49 0000) 05000500 |
| Phone No. (+49661) 3047664 Fax No. () 3047664 | County GERMANY Town MUSTERHAUSEN |
| Submitting Vets Signature _____ | NYS Premises ID _____ |

Hier eigene Adresse eintragen

Add Instructions: Testing purpose, if not clinical:
 Export Country of Destination _____
 Regulatory Shipper/Exporter _____

ATTENTION:
 Check here for test results to be faxed; otherwise, they will be mailed.

List previous related submissions here: Clinical / Differential Diagnosis: _____
 PLEASE PROVIDE HISTORY

Enter previous Accession Numbers with Dates: _____
 Check if related material has been submitted previously for this animal(s): Y N Unknown
 for this herd: Y N Unknown

HISTORY: To qualify for NY State Contract pricing (see the AHDC Test & Fee Schedule), a detailed history must be provided.
 Date of onset of herd illness: _____
 In animals submitted: _____
 Check here if history is contained on back of this page, or if additional history is attached. Herd size: _____
 No. dead: _____

| ANIMAL IDENTIFICATION | | | | | | SPECIMEN SUBMITTED PLEASE INDICATE SAMPLING SITE | DATE TAKEN | TEST(S) REQUESTED (Per Animal) PLEASE ENTER FULL NAME OF TEST |
|---|-----|-----------------------|---------|-------|-----|--|---------------|---|
| SEX CODES: M=Male, F=Female, N=Not Sexed, U=Unknown, SP=Spayed Female, NEUT=Neutered, O=Other, C=Castrated Male | NO. | NAME / IDENTIFIER NO. | SPECIES | BREED | SEX | | | |
| | 1 | FIFFI VON MUSTER | | | M | 7Y | DNA- SAMPLE | PHPT-TEST |
| | 2 | | | | | | | |
| | 3 | | | | | | | |
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| | 9 | | | | | | | |
| | 0 | | | | | | | |

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Comments: _____ List additional on 2nd page

PLEASE NOTE: SAMPLES SUBMITTED FOR TESTING BECOME THE PROPERTY OF THE ANIMAL HEALTH DIAGNOSTIC CENTER.
 * The submitting veterinarian is responsible for the requested tests and fees associated with this submission. Page ___ of ___

ANDC USE ONLY DHL Mail FROZEN DRY ICE RM TEMP
 OPENED BY: FX Pst Mail DATE/TIME REC'D: _____ NOT FROZEN COLD PACK COOL
 UPS-Quad Exp Mail NONE COLD
 UPS-ND Other SHIPPED: _____ COMMENT: _____

** If your Internal Reference No. is entered on this form, it will be used to identify this case on the test result form and on the billing statement (max. 17 character field). DL-100 5/05



Goldstein Molecular and Genetics Laboratory

Phone: 607-253-4430
Fax: 607-253-3534
E-mail: phpt@cornell.edu
Website: http://www.vet.cornell.edu/faculty/Goldstein/

FOR LAB USE ONLY
AHDC Accession Number
Date

Submission form: Genetic Test for Primary Hyperparathyroidism (PHPT)

PLEASE PRINT LEGIBLY

Veterinarian Information:
Name/Clinic: PD DR. INA PFEIFFER
Mailing Address: GENOCANIN
City, State, Zip/Postal Code, Country: GOTTSCHALKSTRASSE 22
Phone: KASSEL GERMANY 34127

Hier diese Adresse eintragen

Owner Information:
Name: MAX MUSTERMANN
Co-owner Name: MUSTERSTR
Mailing Address: MUSTERHAUSEN GERMANY 3333
City, State, Zip/Postal Code, Country:
Phone: Daytime: Number (+49 0000) 00000000
E-mail address:

Hier eigene Adresse eintragen

Dog Information:
Breed: KESSHOND Sex: Color/Markings:
Call Name: Date of Birth: (M/D/Y)
Registered Name:
Registration Number (AKC or other):
Microchip/Tattoo Number (required):
Registered Name of Sire:
Registered Name of Dam:
Registration Number of Sire: Registration Number of Dam:

Hier Hunde-Daten eintragen

In the future, PHPT genetic test results may be reported to a third party such as the Orthopedic Foundation of America (OFA), if the owner so chooses and a system is put into place to do so. Please be assured that test results will not be forwarded to OFA or any other third party (such as a pet insurance company) without permission. The owner will be required to give permission by written signature before test results will be released to any third party.

I certify that the sample submitted is from the dog described above and that all the information provided is accurate, to the best of my knowledge, including permanent identification (microchip or tattoo).

Veterinarian's signature: Date:
Owner's signature: Date:

Hier Unterschrift