

CLEMSON[®]

LIVESTOCK POULTRY HEALTH VETERINARY DIAGNOSTIC CENTER

Phone: (803) 788-2260 Fax: (803) 699-8910

U.S. Postal Service: **UPS/FedEx/Courier:**
P.O. Box 102406 500 Clemson Road
Columbia, SC 29224-2406 Columbia, SC 29229

ACCESSION #: _____
For Laboratory Use Only – Please do not write in this space

CVDC Account Number: _____

Clinic/Company Name: _____

Veterinarian: _____

Mailing Address: _____

City/State: _____ Zip: _____

Office Phone: _(_____)_____

Office Fax: _(_____)_____

Email*: _____

(*If you would like to have reports emailed to you please provide email address and sign email waiver on page 2)

Owner Name: _____

Farm/Stable Name: _____

Mailing Address: _____

City/State: _____ Zip: _____

Home Phone: _(_____)_____

Other Phone: _(_____)_____

NAIS Premise ID: _____ REQUEST

THIS FORM MUST BE SIGNED FOR TESTING TO BE PERFORMED: I hereby accept financial responsibility and all risks associated with testing as described in the "Request for Animal Testing and Waiver and Release of Liability for Testing" (see page 2 for details). I release the trustees, officers and employees of Clemson University from all liability associated with this testing.

Signature of Licensed Veterinarian, Owner or Authorized Agent

Date/Time Sample(s) Collected: ____ / ____ / ____ AM/PM

Farm/House ID: _____

Species/Breed: _____

Age: _____ Days/Weeks/Months/Years

Size of Group/Herd/Flock: _____

Morbidity: _____ Mortality: _____

Production Class: (Check ONE)

- Meat Egg Breeding/Multiplier/Genetic Stock
 Dairy Working Sporting Show
 Pleasure / Pet (Includes Backyard Poultry)
 Other: _____

ADDITIONAL INFORMATION: _____

SAMPLES SUBMITTED (Check all that apply)

- Serum/Blood Qty _____
 Feces Qty _____
 Fresh Tissue Qty _____
 Swabs/Drug swabs/Cultures Qty _____
 Calculus/Stone Qty _____
 Effusion/Fluid (for culture submit in a red top tube)
 Stomach/Abomasal contents
 Other (describe) _____

Specimen ID(s)	Species/Breed	Gender	Age	List Test(s) Requested
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

(Use additional sheet or state/federal herd testing form if more than one group or more than 5 animals are being tested.)

Clemson Veterinary Diagnostic Center Request for Animal Testing and Waiver and Release of Liability for Testing

I request that Clemson University Livestock Poultry Health Division (CULPH) perform the specified test(s) on the specimen(s) being submitted through the Clemson Veterinary Diagnostic Center (CVDC). I understand that this testing is not required by any current U.S. or South Carolina law or regulation and that CULPH has not determined any public health need to perform this test at this time. Testing services are being performed as a service to me and subject to the terms and conditions described in this agreement.

I agree to pay CULPH for the costs associated with requested testing as published in the current service and fee schedule. For necropsy requests, I authorize CVDC to perform testing as deemed appropriate by the pathologist(s), to make, when possible, a definitive diagnosis as to the cause of signs, disease and/or death of this animal. CULPH shall consult with me prior to authorizing testing either at CVDC or at referral laboratories for which additional fees are incurred, and shall provide me a complete written report showing the date(s) of all testing and the results.

I understand that all samples and specimens submitted to CVDC may be subject to screening/surveillance testing for foreign animal diseases and diseases of economic and zoonotic significance as authorized by the State Veterinarian. Results of requested testing and screening/surveillance testing may have public health consequences for animals and/or humans, and may mandate certain response actions from CULPH and/or other state and federal agencies. In these cases, I agree to cooperate with CULPH by providing information about the animals/specimens and any possible sources of infection. Results, including the owner's name and address, may be reported to local, state or national public health or animal health agencies.

Under CULPH supervision and at owner expense, these response actions may include but are not limited to:

- Quarantine and Further Testing as recommended by CULPH/USDA;
- Voluntary Depopulation (destruction/disposal of animals) with no indemnity;
- Cleaning and Disinfecting of the Premises;
- Repopulation and Further Testing as recommended by CULPH.

Clemson Veterinary Diagnostic Center Email Request and Waiver

Clemson Veterinary Diagnostic Center (CVDC) Email Policy Disclaimer:

All information contained in email communications with the CVDC is confidential and may be legally privileged. Only intended recipients are authorized to receive and use the information contained within. By nature email transmissions are not guaranteed to be secure or error free. As such the CVDC does not accept liability for such errors or omissions.

We/I would like to establish results delivery by method of email. We/I have read the CVDC policy disclaimer and understand that email is an insecure method of delivery and that CVDC accepts no liability for errors or omissions in respect to such communications.

Signature of Licensed Veterinarian, Owner or Authorized Agent

For a complete, up to date list of tests, fees, and submission forms provided by the Clemson Veterinary Diagnostic Center please visit us online at:

<http://www.clemson.edu/public/lph/lab/index.html>