

Lab Use Only – Please do not write in this area.

Accession #: _____



**VETERINARY
DIAGNOSTIC CENTER**
Livestock Poultry Health

UPS/FedEx/Courier/USPS
500 Clemson Rd.
Columbia, SC 29229

Receptionist: 803 788-2260
Facsimile: 803 788-8058
Receiving: 803 726-7831

General Submission Form

CVDC Account Number: _____

CVDC Account Number: _____

Clinic/Company Name: _____

Farm/Stable Name: _____

Veterinarian: _____

Owner Name: _____

Mailing Address: _____

Mailing Address: _____

City/State: _____ ZIP: _____

City/State: _____ ZIP: _____

Office Number: _____

Home Phone: _____

Office Fax: _____

Other Phone: _____

Email: _____

Email: _____

Received \$ _____ Date ___/___/___ From _____ Check/Cash

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 pg 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: _____

Official Premises ID: _____ Request

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: _____

SAMPLES SUBMITTED (Check all that)

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

ADDITIONAL INFORMATION: _____

Specimen ID(s)	Species/Breed	Gender	Age	List Test(s) Requested
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____

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.

Owner Submitted Specimens of Non-Regulatory Species

I understand that the CVDC will provide results for tests requested by the submitter which will, in most cases, require knowledge of the veterinary sciences and/or the animal's diagnostic history for correct interpretation. It is highly recommended that a licensed Veterinarian or Veterinary Clinic be consulted.

Signed _____ Date ____/____/____