

New Mexico Department of Agriculture

Veterinary Diagnostic Services
1101 Camino de Salud, NE
Albuquerque, New Mexico 87102
(505) 383-9299 phone
(505) 383-9294 fax

VDS LAB USE ONLY
Date Received _____ Case No. _____

Veterinarian: _____
Clinic: _____
Address: _____

City: _____ **State:** _____ **Zip:** _____
Phone: _____ **Fax:** _____
Mobile: _____

TESTS REQUESTED

- | | |
|--|--|
| <input type="checkbox"/> Bacteriology | <input type="checkbox"/> Histopath |
| <input type="checkbox"/> Bacteriology & Sensi. | <input type="checkbox"/> Histo w/ Full description |
| <input type="checkbox"/> CBC/Chem Panel | <input type="checkbox"/> Mycology |
| <input type="checkbox"/> **CBC only | <input type="checkbox"/> Necropsy |
| <input type="checkbox"/> **CBC/Fibrinogen only | <input type="checkbox"/> Parasitology |
| <input type="checkbox"/> **Chem Panel only | <input type="checkbox"/> Serology |
| <input type="checkbox"/> Cytology | <input type="checkbox"/> Toxicology |

Phone Report Fax Report

Other _____

Date Shipped _____ **VIA** _____
 DMC Courier Owner Vet Mail
 Bus NOTIFY VDS WHEN SHIPPING BY BUS
 UPS FedEx Other _____

No. specimens _____ **Date taken** _____
No. in herd _____ **Date onset** _____
Sick _____ **Dead** _____
Necropsy disposal method _____

Owner Name _____ **Male** _____ **Neutered** _____ **Female** _____ **Spayed** _____

Animal Name/ID _____ **Age** _____ yrs _____ mths _____ wks _____ days _____
fetus

Species _____ **Breed** _____ **Agent(s) suspected** _____

SPECIMEN(S) SUBMITTED

HISTORY

- Brain
- Eye
- Heart
- Lung
- Trachea
- Stomach
- Stomach Contents
- Small Intestine
- Large Intestine
- Cecum
- Liver
- Spleen
- Kidney
- Urinary Bladder
- Skin
- EDTA Blood
- Serum
- Urine
- Carcass

VDS LAB USE ONLY

Specimens received _____

Referred to _____

Received by _____

Entered by _____