

Non-Human Samples

NYS Accession Number _____

Date received ____ / ____ / ____

Shipping address: www.wadsworth.org/wcinfo.htm

Telephone: (518) 474-4177

Submitter (test ordered by)

* denotes required information

Name and Address *

Contact Person _____

Telephone Number (____) ____ - ____

Sample Information

* denotes required information

Collection Date * ____ / ____ / ____
MM DD YYYY

Time Collected (if applicable for test) ____ : ____
(HH : MM)

NYSDOH Outbreak Number _____

Laboratory Examination Requested

Bacterial Fungal Mycobacterial Parasitic Serology Viral

Suspected Organism / Agent _____

Animal

Domestic Wild

Avian Mammal Reptile Other

Common Name _____

Sample Source _____

Submitter Sample Number _____

If domestic, name of owner and animal; if wild, specify collection site: _____

Owner/Site _____

Animal _____

Address _____ City _____ State _____ NYS County _____

Comments _____

Food

Brand Name _____ Lot Number _____ USDA Number _____

Sample description _____

Place collected _____

Street _____ City _____ State _____ NYS County _____

Comments _____

Environmental

Collection Site or Facility Name _____

Source description _____

Street _____ City _____ State _____ NYS County _____

Describe below samples taken; use separate sheets if necessary.

Sample type
(Swab, etc.)

Identifier
(Room number, etc.)

Sample type
(Swab, etc.)

Identifier
(Room number, etc.)

Comments _____