West Virginia Department of Agriculture
Animal Health Division

Mailing Address:
1900 Kanawha Blvd. East
Charleston, WV 25305-0172

*Shipping address: (*UPS, FedEx, DHL, Drop off)
331 Gus R. Douglass Lane
Charleston, WV 25312

Phone: (304) 558-2214 FAX: (304) 558-2231
Contact Lab: M-F 8:00am-4:30pm EST

Laboratory Accession Form

Accession Number:	*Submitting Veterinarians Signature* *(indicates specimen(s) were collected by or under supervision of signing veterinarian)*				
Owner			**Veterinarian/License No.**		
Farm			**Clinic**		
Address			**Address**		
City	**State**	**Zip**	**City**	**State**	**Zip**
Premise ID	**County**		**Email**		
Date/Time Samples Taken	**Sample Ship Date**		**Phone**	**FAX**	

FOR REGULATORY TESTS SUCH AS BRUCELLOSIS AND EIA SUBMIT SPECIAL FORMS

☐ *Brucellla abortus BAPA ☐ *Brucellla abortus Card 10-G for goats ☐ *Brucellla abortus Card 10-S for ruminants ☐ *Brucellla abortus SPT	☐ *Equine Infectious Anemia (EIA) ELISA ☐ Leptospirosis Antibody MA Test 7 serovars ☐ M. paratuberculosis – Johne's ELISA	☐ Aerobic Culture only ☐ Anaerobic Culture ☐ Clostridium Culture only
☐ Blue Tongue Virus (BT) ELISA	☐ Ovine Progressive Pneumonia (OPP) ELISA	☐ Mastitis Culture
☐ Bovine Leukemia Virus (BLV) ELISA	☐ Pseudorabies Virus (PRV) ELISA	☐ Salmonella Culture only
☐ Caprine Arthritis Encephalitis (CAE) ELISA	☐ Aerobic Culture & Susceptibility	☐ Fecal Flotation

Purpose of Test (circle): Herd Certification Diagnostic Abortion Prepurchase/Sale
Other:

Specimen type: whole blood serum feces milk urine Other:

Swab source/Site:

History: (include clinical signs, vaccinations, duration of illness, number sick or dead, number in group or farm, treatment and responses)

_____

_____

_____

Tube No.	Animal ID/Name	Species	Breed	Sex	Age	Circle	Neutered	Color	Weight
						Hr. Day Week Mon Year	yes no		
						Hr. Day Week Mon Year	yes no		
						Hr. Day Week Mon Year	yes no		
						Hr. Day Week Mon Year	yes no		

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Accession Form continued

Tube No.	Animal ID/Name	Species	Breed	Sex	Age	Circle	Neutered	Color	Weight
						Hr. Day Week Mon Year	yes no		
						Hr. Day Week Mon Year	yes no		
						Hr. Day Week Mon Year	yes no		
						Hr. Day Week Mon Year	yes no		
						Hr. Day Week Mon Year	yes no		
						Hr. Day Week Mon Year	yes no		
						Hr. Day Week Mon Year	yes no		
						Hr. Day Week Mon Year	yes no		
						Hr. Day Week Mon Year	yes no		
						Hr. Day Week Mon Year	yes no		
						Hr. Day Week Mon Year	yes no		
						Hr. Day Week Mon Year	yes no		
						Hr. Day Week Mon Year	yes no		
						Hr. Day Week Mon Year	yes no		
						Hr. Day Week Mon Year	yes no		
						Hr. Day Week Mon Year	yes no		
						Hr. Day Week Mon Year	yes no		
						Hr. Day Week Mon Year	yes no		
						Hr. Day Week Mon Year	yes no		
						Hr. Day Week Mon Year	yes no		
						Hr. Day Week Mon Year	yes no		