



**ADDISON BIOLOGICAL LABORATORY, INC.**  
507 NORTH CLEVELAND AVENUE  
FAYETTE, MO 65248  
(800) 331-2530 FAX: (660) 248-2554

**Veterinary Diagnostic Laboratory Specimen Submission Form**

Date \_\_\_\_\_

(Please print all information)

Clinic Name: \_\_\_\_\_ Clinic Phone: \_\_\_\_\_ Fax \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Clinic Stamp: \_\_\_\_\_

Address: \_\_\_\_\_

Producer: \_\_\_\_\_

Address: \_\_\_\_\_

Species \_\_\_\_\_ Age \_\_\_\_\_ Specimen(s)  
Submitted \_\_\_\_\_

Clinical History:

Vaccination History:

Tentative Diagnosis:

Laboratory tests requested:

Antibiotic sensitivity requested: Yes \_\_\_\_\_ No \_\_\_\_\_

Save isolates for autogenous vaccine production: Yes \_\_\_\_\_ No \_\_\_\_\_