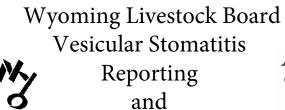
For Lab Use Only Date: Time: Carrier: Condition: W / C / F Pathologist:





Wyoming State Veterinary Laboratory 1174 Snowy Range Road

Ship Samples To:

Laramie, WY 82070 Phone: (307) 766-9925 Fax: (307) 721-2051 Email: vetrec@uwyo.edu

Submission Form

Reporting & Submission Form For Equine Vesicular Stomatitis Suspects From Known Infected VS Wyoming Counties:

CityStateZipCityStateZip	and another copy a	accompanying		one copy faxed or emailed any) submitted to the Wy 57-6380 <u>A Hol</u>	oming State Ve	eterinary La	b in Laran		e in Rivertor	1
Clinic Company Physical Address City State Zip Physical Address City State Zip GPS Coordinates Email Owner Mailing Address (if different from physical) Onset date of lesions (1st animal) City State Zip Phone Fax Date Samples Collected Phone Fax Email Total number of susceptible animals on premises: Species (List all on premises) # Animals # Clinical Description/ID of Affected Animal(s) Sample ID Specimen(s) Submitted (or Not premises) Submitted (or Not premises) Phone Sample Submitted (or Not premises) Submitted (or Not premises) Specimen Submitted (or Not premises) Specimen Submitted (or Not premises) Submitted (or Not premises) Specimen Submitted (or Not premises	Veterinarian_		Owner							
Address	Clinic									
CityStateZip PhoneFax Email			Physical Address							
Phone Fax Owner (Verified Owner Mailing Address (if different from physical) Onset date of lesions (1st animal) Onset Samples Collected Phone Fax Date Samples Shipped Email Total number of susceptible animals on premises: Species (List all on premises) # Animals # Clinical Description/ID of Affected Animal(s) Sample ID Specimen(s) Submitted (or No premises) Please provide driving directions to the premises and describe any animal movements to or from the premises in the past								State	Zip	
Onset date of lesions (1st animal) Date Samples Collected Date Samples Shipped Total number of susceptible animals on premises: Species (List all on premises) # Animals # Clinical Description/ID of Affected Animal(s) Sample ID Specimen(s) Submitted (or NO premises) Please provide driving directions to the premises and describe any animal movements to or from the premises in the past	Phone		GPS Coordinates							
Date Samples Collected Phone Fax	Bill to: Vet 0	Owner	Owner Mailing Address (if different from physical)							
Date Samples Collected Date Samples Shipped Fax	Onset date of	lesions (1st	- City			State	Zip			
Date Samples Shipped	Date Samples (Collected								
Species (List all on premises) # Animals # Clinical Description/ID of Affected Animal(s) Sample ID Specimen(s) Submitted (or NO ID of Affected Animal(s) Sub	Date Samples S	Shipped								
Species (List all on premises) # Animals # Clinical Description/ID of Affected Animal(s) Sample ID Specimen(s) Submitted (or NO ID of Affected Animal(s) Sub			Tot	al number of susce	ntible anim	als on n	remise	··		
		# Animals				Î	Sample		Submitted (or NONE)
	-	_	_	=	e any animal	moveme	nts to or	from the prer	nises in the	past two
Specimens Received For Lab Use Only Swab Fluid Clotted Blood/Serum Tissue Tube type: RTT PTT RGTT Plastic Glass Other	Swab Flui	id Cl	Clotted Bloc	od/Serum Tissue	e					
N H B V P R C D S G F T I						_	ς	G F	Т	