

ADDISON BIOLOGICAL LABORATORY, INC.
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diagnostics@addisonlabs.com

Addison Biological Laboratory General Submission Form

Date: _____

(Please print all information)

Clinic Name: _____

Vet's Name: _____

Clinic Address: _____

Phone : _____

Fax: _____

Email: _____

Report will be emailed or faxed? (Please circle preference)

Note: All reports are mailed to the clinic in addition to fax/email

Producer: _____

Clinic Stamp/Address Label:

Address: _____

Phone: _____

Species: _____ Age _____

Specimen(s) submitted:

Clinical History:

Vaccination History:

Tentative Diagnosis:

Antibiotic sensitivity requested (\$24 per organism): Yes _____ No _____