



# Addison Biological Laboratory General Submission Form

**For best results send  
samples in a cooler on ice.**

507 N. Cleveland Ave.  
Fayette, MO 65248

phone #660-248-2215  
fax #660-248-2554  
toll free #: 800-331-2530

[www.addisonlabs.com](http://www.addisonlabs.com)  
[diagnostics@addisonlabs.com](mailto:diagnostics@addisonlabs.com)

Veterinarian: \_\_\_\_\_  
 Clinic: \_\_\_\_\_  
 Address (No P.O. Boxes): \_\_\_\_\_  
 City, St., zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Cell #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_  
 Vet/clinic Email: \_\_\_\_\_

Owner: \_\_\_\_\_  
 Farm Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, St., zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_

**FAX or EMAIL** diagnostic report (circle one)  
 \*\*All reports are mailed with the invoice\*\*

**Submitted by:**      Vet       Owner       University/Laboratory

History:  
 Species: \_\_\_\_\_ Age: \_\_\_\_\_  
 Specimen(s) submitted: Tissue  Swab  Plate  Slant  Other: \_\_\_\_\_  
 Sample ID: \_\_\_\_\_ DOI: \_\_\_\_\_  
 Clinical History: \_\_\_\_\_  
 \_\_\_\_\_  
 Tentative Diagnosis: \_\_\_\_\_  
 Antibiotic Sensitivity:      Yes  No   
 Comments: \_\_\_\_\_

**Statement of United States Origin of Isolate(s)**

I, the undersigned, do hereby acknowledge that it is to the best of my knowledge that the enclosed isolate(s) are of United States origin and are not select agents.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\* Proof of US Origin is required for all shipped isolates grown at other facilities. We must receive the ORIGINAL signed document. A copy, fax, or scan will not be accepted. \*\***