



State of Alaska  
 Department of Environmental Conservation  
 Division of Environmental Health  
**Environmental Health Laboratory Services**  
 5251 Hinkle Road - Anchorage, AK 99507  
 (907) 375-8200



**INSTRUCTIONS: Use a separate form for each species and each owner /broker.** Refer to our web site for sample shipping instructions.  
[www.dec.state.ak.us/eh/lab](http://www.dec.state.ak.us/eh/lab)

**SPECIMEN SUBMISSION**

Name Of Submitter		Name Of Owner <input type="checkbox"/> Notify Owner	
Mailing Address		City	State
		Location of Animals	
Phone No. <span style="float: right;">Fax No.</span>		County	State <span style="float: right;">Premise ID Number</span>
Payment Method <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card (Call 907-375-8200) <input type="checkbox"/> Check/Money Order (Make Payable to "The State Of Alaska")		Herd/Flock Size	No. In Herd/Flock Affected <span style="float: right;">No. In Herd/Flock Dead</span>
Examination(s) Requested Equine Infectious Anemia <input type="checkbox"/> Johne's Serology <input type="checkbox"/> Brucellosis <input type="checkbox"/> AGID <input type="checkbox"/> ELISA <input type="checkbox"/> Johne's Culture <input type="checkbox"/> Necropsy <input type="checkbox"/> Chronic Wasting Disease <input type="checkbox"/> Avian Influenza <input type="checkbox"/> Other (specify)		Date Collected	Collected By
		Total Number of Specimens Submitted	Number of Animals Sampled
Purpose of Submission <input type="checkbox"/> General Diagnostic <input type="checkbox"/> Developmental Research <input type="checkbox"/> Foreign Animal Disease <input type="checkbox"/> Interstate Movement <input type="checkbox"/> Surveillance <input type="checkbox"/> Import <input type="checkbox"/> Export <input type="checkbox"/> Reagent Evaluation			
Specimen Submitted ("X" applicable item(s)) <input type="checkbox"/> Blood <input type="checkbox"/> Feces <input type="checkbox"/> Parasite <input type="checkbox"/> Soil <input type="checkbox"/> Water <input type="checkbox"/> Whole Animal Carcass <input type="checkbox"/> Culture <input type="checkbox"/> Feed <input type="checkbox"/> Plant <input type="checkbox"/> Swab <input type="checkbox"/> Whole Bird <input type="checkbox"/> Extract <input type="checkbox"/> Fetus <input type="checkbox"/> Semen <input type="checkbox"/> Urine <input type="checkbox"/> Tissue (specify): _____ <input type="checkbox"/> Other (specify) : _____			
Species or Source ("X" One) - Use a separate form for each species. <input type="checkbox"/> Cattle <input type="checkbox"/> Goat <input type="checkbox"/> Environment <input type="checkbox"/> Turkey <input type="checkbox"/> Cat <input type="checkbox"/> Elk <input type="checkbox"/> Moose <input type="checkbox"/> Swine <input type="checkbox"/> Horse <input type="checkbox"/> Reagent <input type="checkbox"/> Pet Bird <input type="checkbox"/> Dog <input type="checkbox"/> Fish <input type="checkbox"/> Yak <input type="checkbox"/> Sheep <input type="checkbox"/> Donkey <input type="checkbox"/> Chicken <input type="checkbox"/> Bison <input type="checkbox"/> Deer <input type="checkbox"/> Reindeer <input type="checkbox"/> Other (specify) _____			

**IDENTIFICATION**

Lab Number	Sample ID	Animal ID / Breed	Age	Sex

**Additional Data** (History, clinical signs, post mortem findings, remarks, tentative diagnostics, etc. Use reverse side and additional sheets if necessary)

Signature of Submitter Date

**For EH Lab Use Only**

Condition	Priority	Received By	Folder Number

