

Fecal Egg Count Reduction Test Submission

LAB USE ONLY
AHDC Accession No./Date

Contact Information

Cornell
Animal Health Diagnostic Center

College of Veterinary Medicine
Cornell University
In partnership with the NYS Department of
Ag. & Markets

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Submission Information

Please complete all fields, print legibly, and enter only one original accession per form.

Original Accession Number (Required):
Clinic AHDC Account Number:
Clinic Name:
Submitting Veterinarian:
Date Dewormed (Required):
Deworming Product Used (Required):
Follow-up Collection Date (Required):

Animal Identification

Sex Codes: M = Male; MR = Mare (Equine Only); MC = Castrated Male; F = Female; SF=Spayed Female
Age Codes: Y = Years; M = Months; W = Weeks; D = Days; DOB = Date of Birth

Name/Identifier Number (Must match original accession ID)	Species	Breed	Sex	Age/Date of Birth	Date Taken	Target Parasite

Terms and Conditions

Samples submitted for testing become the property of the Animal Health Diagnostic Center and may be tested as part of state and/or federal surveillance programs. By signing, you agree that the information provided is true to the best of your knowledge and that you agree with our terms and conditions. Read our full terms and conditions online by visiting bit.ly/AHDC-TC.

SIGN HERE:

AHDC USE ONLY	<input type="checkbox"/> FEDEX	<input type="checkbox"/> MAIL	DATE REC'D:	<input type="checkbox"/> FROZEN	<input type="checkbox"/> DRY ICE
Opened by:	<input type="checkbox"/> FEDEX-GRND	<input type="checkbox"/> PRI MAIL	TIME REC'D:	<input type="checkbox"/> RM TEMP	<input type="checkbox"/> COLD PACK
	<input type="checkbox"/> UPS-GRND	<input type="checkbox"/> EXP MAIL	DATE SHIPPED:	<input type="checkbox"/> COOL	<input type="checkbox"/> NONE
	<input type="checkbox"/> UPS-ND	<input type="checkbox"/> OTHER:		<input type="checkbox"/> COLD	COMMENT: