



ADAM H. PUTNAM  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Animal Industry  
Bureau of Diagnostic Laboratory

Contact Information:  
Bronson Animal Disease  
Diagnostic Laboratory  
Phone: (321) 697-1400  
Fax: (321) 697-1467

**ACCESSION GENERAL SUBMISSION FORM**

Chapter 585, Florida Statutes

[www.FreshFromFlorida.com/ai](http://www.FreshFromFlorida.com/ai)

Note: All documents and attachments submitted with this request are subject to public review pursuant to Chapter 119, F.S.

Bill To:	Send Results by:	Accession Number
Veterinarian Owner	<input type="checkbox"/> Mail <input type="checkbox"/> E-Mail <input type="checkbox"/> Other <input type="checkbox"/> Fax <b>Would you like partial results reported?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	FDACS Use Only

Veterinarian
Veterinarian's Name _____
Clinic Name _____
Address _____
City, State, Zip _____
Phone _____ Mobile _____

Owner
Name _____
Address _____
City, State, Zip _____
Phone _____
Collection Date _____ Premises ID _____

Animal Identification (Use Continuation Form FDACS-09228 for additional specimens / history)						
Sex Codes: M=Male, F=Female, C=Castrated Male, S=Spayed Female						
	Animal or Sample ID	Species	Breed	Sex	Age	Tests Requested*
1						
2						
3						
4						
5						
6						
7						
8						

\*For up-to-date test list, sample requirements and pricing information, please visit our website at: [http://www.FreshFromFlorida.com/ai/labs/labs\\_main.shtml](http://www.FreshFromFlorida.com/ai/labs/labs_main.shtml)

<b>Sample Description:</b>	
<b>Type and Quantity of Specimens:</b>	<input type="checkbox"/> Blood, EDTA Qty: _____ <input type="checkbox"/> Serum Qty: _____ <input type="checkbox"/> Feces Qty: _____ <input type="checkbox"/> Hair Qty: _____ <input type="checkbox"/> Tissue (fixed) Qty: _____ <input type="checkbox"/> Fluid Qty: _____ <input type="checkbox"/> Slide Qty: _____ <input type="checkbox"/> Swab Qty: _____ <input type="checkbox"/> Tissue (fresh) Qty: _____ <input type="checkbox"/> Carcass Qty: _____ <input type="checkbox"/> Other _____ Qty: _____

<b>Testing Purpose:</b>	<input type="checkbox"/> Clinical <input type="checkbox"/> Regulatory <input type="checkbox"/> Surveillance <input type="checkbox"/> Import <input type="checkbox"/> Export    Country of Destination: _____
Type of flock/herd:	Size of flock/herd:                      Number sick:                      Number sampled:

<b>History / Provisional Diagnosis:</b>	If necropsy, <input type="checkbox"/> Natural Death <input type="checkbox"/> Euthanasia    Date & time of death: _____

Bronson Animal Disease Diagnostic Laboratory	
<b>U.S. Postal Address</b> PO Box 458006 Kissimmee, FL 34745-8006	<b>Delivery Service Address</b> 2700 N John Young Pkwy Kissimmee, FL 34741-1266