Accession Continuation Form

College of Agriculture, Food and Environment
Veterinary Diagnostic Laboratory

Accession No: _____

1490 Bull Lea Rd. Lexington, KY 40511
PO Box 14125 Lexington, KY 40512-4125
Phone: 859-257-8283
Fax: 859-255-1624
www.vdl.uky.edu

Vet/Clinic: _____

Owner: _____

Collection Date: _____

Note: General accession form MUST also be completed. Separate request form required for each animal species and premise ID.

LAB USE ONLY	ID #	Animal or Specimen ID *(List each individually)*	Breed	Sex (Male/ Female)	Color	Age*	Specimen Type	Test Request(s)

**Include age units: Hrs, Days, Wks, Mos, Yrs*

Comments:

Veterinarian Signature: _____ **Date:** _____