



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

Contact Information:
Bronson Animal Disease
Diagnostic Laboratory
Office: 321-697-1400
Fax: 321-697-1467
www.FDACS.gov/BADDL

NICOLE "NIKKI" FRIED
COMMISSIONER

ACCESSION GENERAL SUBMISSION FORM

Chapter 585, Florida Statutes

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

Sample Information	Send Results by:	Accession Number
Collection Date _____	<input type="checkbox"/> Mail \$2 Mail/Fax Report Fee Each Report	FDACS Use Only
Premise ID _____	<input type="checkbox"/> Fax <input type="checkbox"/> E-Mail (no fee)	

Submitter
Name _____
Clinic Name _____
Address _____
City, State, Zip _____
Phone _____ Mobile _____

Owner - Same as Submitter <input type="checkbox"/>
Name _____
Address _____
City, State, Zip _____
Phone _____

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: www.FDACS.gov/BADDL

Sample Description:						
Type and Quantity of Specimens:	<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: _____		
Testing Purpose:	<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: _____			

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

Bronson Animal Disease Diagnostic Laboratory Delivery Service Address
2700 N John Young Pkwy, Kissimmee, FL 34741-1266

* We regret that we are unable to return any animal samples or remains submitted for necropsy or other analyses.