



Veterinary Diagnostic Laboratory

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515-294-1950 | Fax 515-294-6961 | www.vetmed.iastate.edu/vdl

Laboratory Use Only

Case No.

VDL Vet

SUBMITTER _____

Clinic _____

Address _____

City, State & Zip _____

Business Phone _____ Cell Phone _____

Email _____

PRIMARY POINT OF CONTACT _____

Phone _____

Email _____

Third-Party Billing *(pre-approved)*

Affiliates *(list clinic names or codes)*

VDL CONTACT : _____

The VDL contact person must have discussed proposed project prior to submission.

PROJECT DETAILS

Study Name & Number _____

Type of Project:

Case Study Case Series Field Trial Research Trial

Specimen Types _____

Start Date _____ End Date _____

How many submissions and expected dates?

Expected turnaround time for results _____

Estimated number of specimens per submission _____

RESEARCH OUTLINE

Please completely explain objectives of research, testing needed, expectations, background, etc.

This is to be used as a cover sheet for all research submissions.

This form **MUST** be included with all samples submitted along with a completed submission form.