



Lore Laboratory

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FOR OFFICE USE ONLY

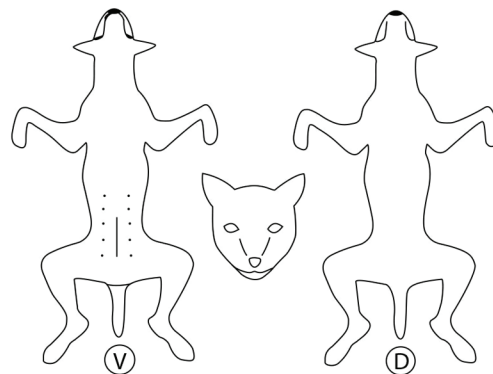
Accn# _____
Accn Type: _____ Date rec'd: _____
Bill to: ☐ Vet ☐ Clinic ☐ Owner ☐ Other
Carrier: _____

Veterinarian's Name: _____
Clinic Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-mail: _____
Report Distribution Preference: ☐ Fax ☐ Email ☐ Mail

Owner's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-mail: _____
Add'l Copy to: _____
Animal/ID: _____
Sex: ☐ M ☐ MN ☐ F ☐ FS Species: _____
Breed: _____ Age: _____
Date Shipped: _____

BIOPSY / CYTOLOGY SUBMISSIONS:

☐ Biopsy No. of Tissue Biopsies: _____
No. of Biopsy Sites: _____
☐ Cytology No. of Cytology Specimens/ Slides: _____ No. of Cytology Sites: _____
☐ Cytology of Body Fluids/ Washes
☐ Bone Marrow Cytology
Duration of problem and history: _____



Other test results: _____

Treatments: _____

Tentative Diagnosis: _____

What question (s) would you like answered? _____

NECROPSY SUBMISSIONS:

History: _____

Rabies Suspect ☐ Yes ☐ No

Time:	
Collection Date:	
Euthanized	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No
No. In Herd/flk:	
No. In Group/hse:	
No. Sick:	
No. Died:	

Disease Suspected: _____

What question (s) would you like answered? _____

Treatment(s): _____

LAB TESTS REQUESTED: 1 _____ 2 _____ 3 _____

I understand that specimens submitted are the property of Animal Diagnostic Laboratory (ADL). Client information provided to ADL, and the tests results from samples submitted to ADL will be treated as confidential information consistent with applicable legal standards, including, but not limited to, California Business and Professions Code section 4857 and Evidence Code section 1040. Such confidential information will not be divulged to third parties without consent of the client, except when required by law, which includes requirements that test results be provided to regulatory agencies. ADL, its employees and agents shall not be accountable for any loss, expense (include attorneys' fees), damage, or liability of any kind resulting from or arising out of services provided hereunder unless caused by negligent or willful acts of omissions by ADL, its employees or agents.

Signature: _____

Date: _____