VMAT Special Diagnostic Test Questionnaire Record	
Deployment/Event:	Time: Date:
Clinician(s):	Please Initial:
Procedure Location:	
Test For:	
Applicable Species:	
Specific Name of Test (i.e., Coggins for E.I.A., etc.):	
Exact Delivery Address (P.O. Boxes not Acceptable)	
Attention Of:	
Lab/Institution:	
Street Address:	
City/State/ZIP Code:	
Phone # To Advise Of Pending Arrival:	
Contact Person: Phone #: ()	Email:
Complete Description	•
Samples Required: Volume/S	ıze:
Blood: Whole Blood-Anticoagulant(s): edta/heparin/other:	
Serum sst OK? Yes No Plasma-Anticoagulant(s) edta/heparin/other:	
Tissues: Organ(s):	
Formalin: Frozen: Refrigerated: Fresh: C	Other:
Culture: Collection Site:	
Other: (Feces/Urine/Sputum/Semen):	
Transport Instructions	
Shipment Packaging: Dry Ice: Cold Pack: Other (please explain):	
Special Instructions (protect from freezing, etc.):	
How Shipped: Overnight: Regular Mail: Orther: Other:	
Company/Carrier Contact Number:	
Shipments on Friday, Saturday, Sunday (circle if OK, cross out days not acceptable)	
Special Address for Weekend Shipments:	
Special Preparation:	
Sample Storage	
How Should Samples be Stored Prior to Shipping:	
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How long can the sample be stored?	
If media is being used, how should it be stored?	
How long can it be stored?	
Do/can we get media from testing lab? Lab Results	
Special lab forms required?	
	annly)
Will results be sent via fax mail telephone ? (check all that Number to Fax: Number to Fax: Number to	
Email to send results:	
Mail address for results:	
Other Information:	