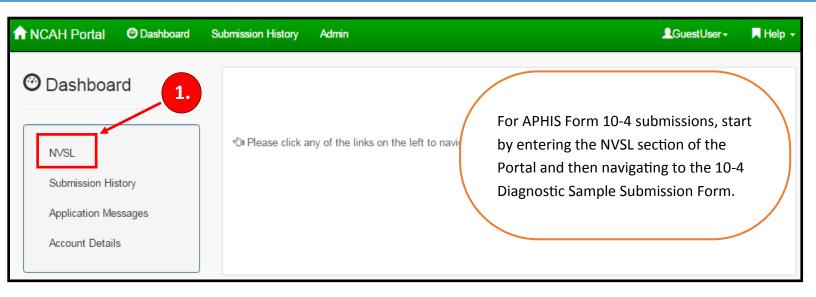
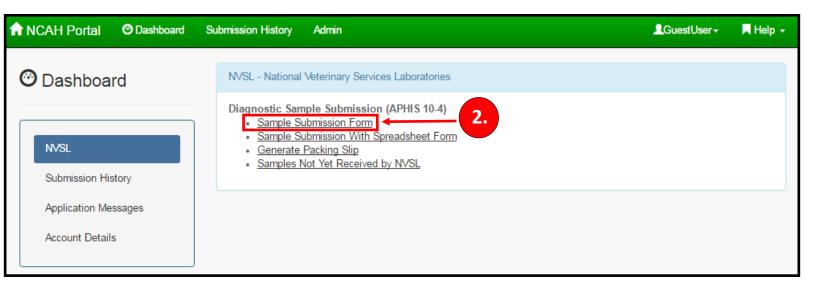
Diagnostic Sample Submission - (APHIS 10-4)



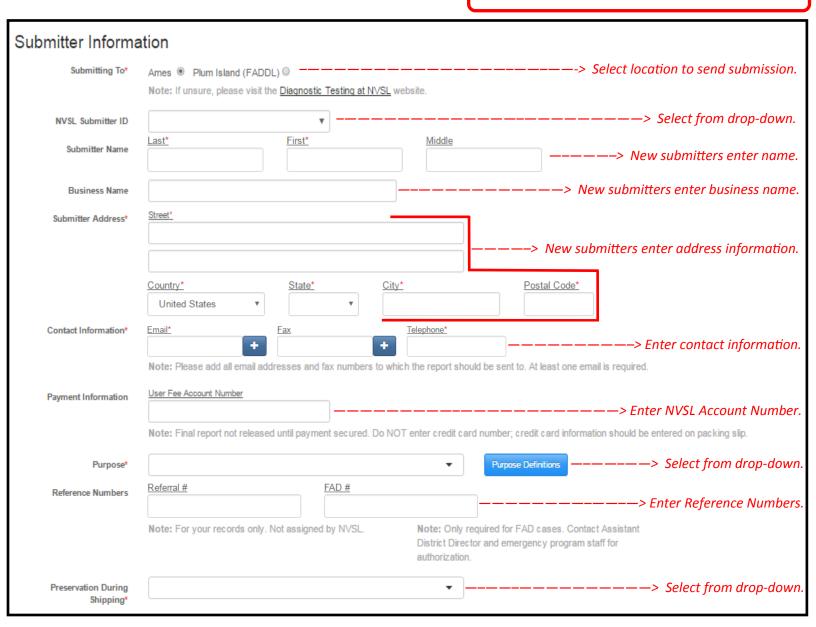


You will be taken to the Diagnostic Sample Submission Form.

Diagnostic Sample Submission - (APHIS 10-4)

Submitter Information

Fields with a red asterisk (*) are required.



Click **HERE** to update your name, address, email, phone, or other information.

Submitting To – If unsure, please visit the <u>Diagnostic Testing at NVSL</u> website.

NVSL Submitter ID – Submitter ids are assigned to specific submitter information to prepopulate name and location fields for you. First time submitters will be assigned a submitter id after the submission is received.

Contact Information – Use the "Plus" sign icon to add additional entries and the "Negative" sign icon to delete entries.

Purpose – Select "**Purpose Definitions**" for a list of descriptions for each purpose.

Diagnostic Sample Submission - (APHIS 10-4)

Owner Information

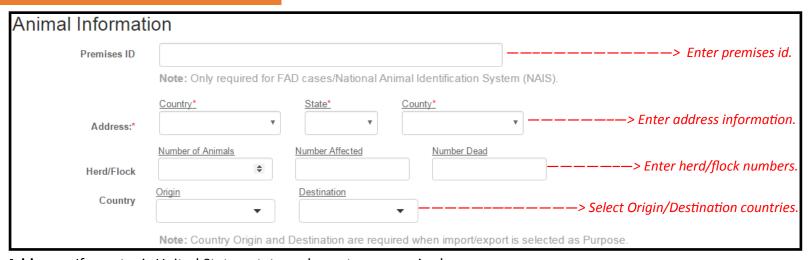


Wildlife Submission – If submission is not wildlife, owner information is required.

Owner – Select "Copy Submitter Info" to prepopulate the submitter information into the owner information fields.

Save As New Owner For Later Use? - Select this check-box to save the entered owner information for future submissions.

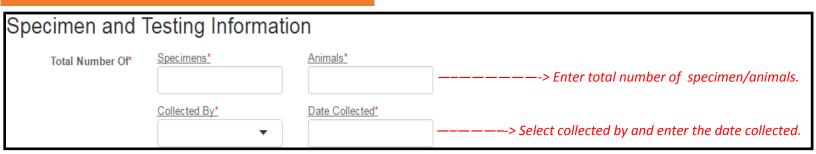
Animal Information



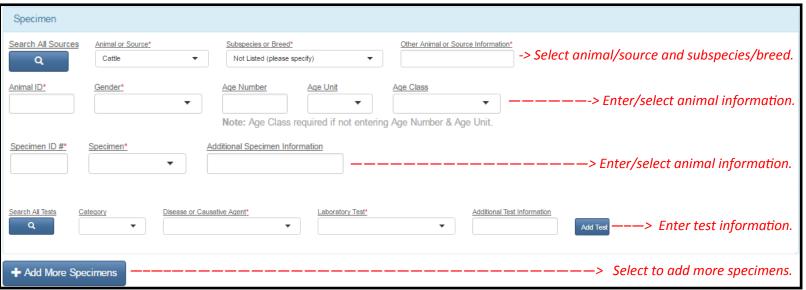
Address – If country is United States, state and county are required.

Diagnostic Sample Submission - (APHIS 10-4)

Specimen and Testing Information



Collected By "Other" – If collected by is other, please use additional field to specify.



Search All Sources – Select magnify glass to search for a specific animal/breed which will prepopulate the Animal or Source and Subspecies Breed for you.

Other Animal or Source Information – If animal/source or subspecies/breed is other or not listed please specify in the other field.

Additional Specimen Information – Enter additional information pertaining to the specimen here.

Search All Tests – Select magnify glass to search for a specific disease category/disease or causative agent/and or laboratory test which will prepopulate the disease category, disease or causative agent and laboratory test fields for you.

Add Test – Select to add additional tests. Note: There is not limit to how many tests you can add.

Add More Specimens—Select to add more specimens. Note: You can add up to 100 specimens.

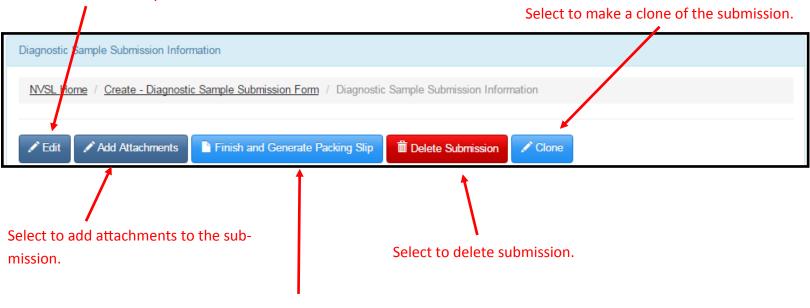
Diagnostic Sample Submission - (APHIS 10-4)

Additional Information/Submit Form

Additional Submission Information	
	——————————————————————————————————————
I agree that I've looked over this information and everything entered is true to my knowledge.	
✓ Save & Review Submission	——————————————————————————————————————
According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a persor a valid OMB control number. The valid OMB control number for this information collection is 0579-0090, is estimated to average .5 hours per response for 0579-0090, 1 hour per response for 0579-0101, and .3 instructions, searching existing data sources, gathering and maintaining the data needed, and completing	0101, and 0212. The time required to complete this information collection 0579-0090 033 hours per response for 0579-0212, including the time for reviewing 0579-0101

Submission Information

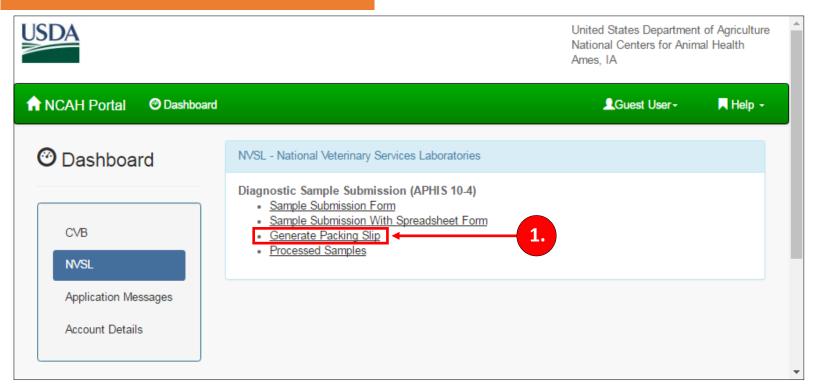
Submissions are only available to be edited up to 14 days after completion or upon receipt of samples by NVSL. If after 14 days no samples have been received by NVSL, the submission will be removed by the system and you must start a new entry.

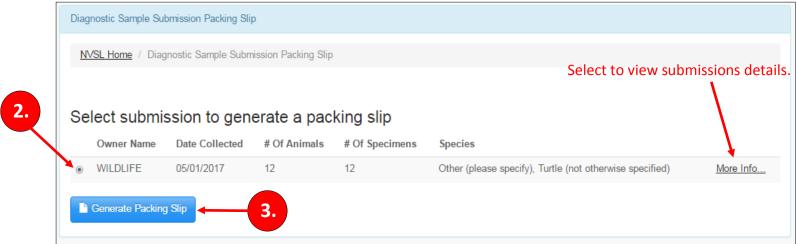


Select to generate packing slip.

Diagnostic Sample Submission - (APHIS 10-4)

Generate Packing Slip





Diagnostic Sample Submission - (APHIS 10-4)

Print Packing Slip

37 - 137-4	05/24/2017 - FOR OFFICIAL USE ONLY					
	Services Laboratories					
Diagnostic Sample Submission (APHIS 10-4) Packing Slip						
13868						
Submitting To	Submitter(In	Submitter(Including Business)		Contact Information		
Attachments	Purpose		Country			
Owner Location Of Animals Collected						
Number	Herd/Flock	Preservation	Total Number Of			
Additional Data	litional Data Submitted By					
Specimens :						
Disease Category Disease	e or Causative Agent	Laboratory Test		Additional Test Information		
User Fee Account Numbe	r:					
Credit Card Number:	1.		Exp Date:			
LABORATORY USE ONLY						
CONDITION	PRIORITY	DISTRIBUTION	RECI	EIVED BY		

Credit Card Information – If submitting payment along with the packing slip please enter credit card information here along with the cards expiration date. — Please do **NOT** send cash.

Print - Print the packing slip and ship specimens.