



DIAGNOSTICS
LSU SCHOOL OF VETERINARY MEDICINE

River Road, Room 1043
578-9777
laddreferrals@listserv.lsu.edu

Office Use Only	<u>Accession Number</u>
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GENERAL DISPOSAL FORM

CONTACT AND ANIMAL INFORMATION

Name/PI: _____	Submitter: _____
Contact #: _____	Weight: _____
Account #: _____	Cost \$: _____
Department: _____	Accessioned by (initial): _____
Contents: _____	

Describe materials submitted. Indicate species, potential hazards, and applicable identifiers.

COMMENTS:



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