



**Veterinary Diagnostic Laboratory**

1600 South 16th St. | Ames, IA 50011-1250  
515-294-1950 | Fax 515-294-6961 | www.vdpam.iastate.edu

**VETERINARIAN** \_\_\_\_\_  
Clinic \_\_\_\_\_  
Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Accreditation # (if regulatory) \_\_\_\_\_

If Owner Name and Address are same as Animal Location (include info under Site Name)  
**OWNER** \_\_\_\_\_  
Division \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, & Zip \_\_\_\_\_

**Third-Party Billing** (pre-approved) \_\_\_\_\_ **Affiliates** (list clinic names or codes) \_\_\_\_\_

**Special Reporting Requests**  Phone  Fax  Email

**Date Collected** \_\_\_\_\_

**PATIENT INFORMATION**  
Animal ID \_\_\_\_\_  
**Species** \_\_\_\_\_ Breed \_\_\_\_\_ Gender \_\_\_\_\_  
(Required)  
**Age/Unit** \_\_\_\_\_  days  weeks  months  years  adult  
(Required) (Age from Birth)  
Weight \_\_\_\_\_

**CLINICAL SIGNS/SYNDROME** (Check All That Apply – Required)  
 CNS  Enteric  Lameness  Reproductive  
 Respiratory  Sudden Death  Systemic  
 Other \_\_\_\_\_

**CLINICAL SIGNS, TREATMENT & RESPONSE, FEEDING, MANAGEMENT, POST MORTEM FINDINGS, DIFFERENTIAL DIAGNOSIS**

# At risk \_\_\_\_\_  # or  % Sick \_\_\_\_\_  # or  % Dead \_\_\_\_\_

Laboratory Use Only Case No. \_\_\_\_\_  
**Inventory**  
Initials \_\_\_\_\_  
Fixed \_\_\_\_\_  
Fresh \_\_\_\_\_  
Other \_\_\_\_\_

**Test Selection & Sample Type Identification on Back >**

**ANIMAL LOCATION: Premises, Herd and Submission-Level Identifiers**

**SITE NAME** \_\_\_\_\_  
Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
County \_\_\_\_\_ Country \_\_\_\_\_

**Premises ID#** (attach premises ID bar code sticker if available)



Lot or Group ID \_\_\_\_\_  
Source or Flow ID \_\_\_\_\_  
Reference (Other) \_\_\_\_\_

- Premises Type (Best Description)**
- Boar Stud/Breeding Herd
  - Collection Point (Slaughter/Market)
  - Farrow to Feeder/Finish
  - Nursery
  - Grow-Finish (or Wean to Finish)
  - Isolation or Growing Replacement Stock

**Vaccine Usage**

Vaccine Name	Date Given	Dose

- Cow/Calf
- Feedlot
- Dairy
- Caprine/Ovine
- Equine
- Companion Animal
- University or Research Center
- Other \_\_\_\_\_

**Reason for Test**

- General Diagnostics
- Surveillance/Research
- Other \_\_\_\_\_  
(Specify reason for testing if for official regulatory purposes)

Biopsy/Source \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Laboratory Use Only* Case No. \_\_\_\_\_  
 No. Samples \_\_\_\_\_

Number of Animals Sampled \_\_\_\_\_  Test Individually  Pool Samples

**SUBMISSION DETAILS**

# Submitted alive \_\_\_\_\_ # Submitted dead \_\_\_\_\_ # of Fetuses \_\_\_\_\_ Other (specify) \_\_\_\_\_

# On Ice	# Fixed	# On Ice	# Fixed	# On Ice	# Fixed	# On Ice
Brain _____	_____	Kidney _____	_____	Intestine _____	_____	Feed _____
Heart _____	_____	Spleen _____	_____	Colon _____	_____	Water _____
Lung _____	_____	Tonsil _____	_____	Serum _____	_____	Feces _____
Liver _____	_____	Lymph node _____	_____	Blood _____	_____	Swabs _____

Expected PRRSV Neg  
 Expected PEDV Neg  
 Other \_\_\_\_\_

**EXAMINATIONS REQUESTED (Unless "Discretion of Diagnostician" is marked, ONLY tests indicated will be performed)**

**Discretion of Diagnostician – THE DIAGNOSTICIAN'S JUDGMENT WILL DETERMINE TESTS PERFORMED**

Gross Pathology  Specific interest \_\_\_\_\_

Histopathology  Specific interest \_\_\_\_\_

Immunohistochemistry  PRRS  TGEV  PCV  BRSV  M bovis  
 M hyo  PEDV  Rotavirus A  BVDV  IBRV  
 SIV  Lawsonia  Other \_\_\_\_\_

Bacteriology  Culture  Sensitivity  ID only  Fungal culture  
 Pool samples \_\_\_\_\_  Mycoplasma isolation  Milk bulk tank quantitation  
 Return slant of \_\_\_\_\_  Serotype \_\_\_\_\_  
 Specify organisms/tests \_\_\_\_\_

Molecular Diagnostics  PCR  Sequence (Specify) \_\_\_\_\_  Virus quantitation (Specify) \_\_\_\_\_  
 Pool samples \_\_\_\_\_  Genotype \_\_\_\_\_  
 Specify organisms/tests \_\_\_\_\_

Virology  Virus isolation \_\_\_\_\_  Tissue FA \_\_\_\_\_  Antigen ELISA \_\_\_\_\_  
 Pool samples \_\_\_\_\_  Sequence virus \_\_\_\_\_  Return virus \_\_\_\_\_  
 Specify viruses/test instructions \_\_\_\_\_

Parasitology \_\_\_\_\_

Chemistry/Toxicology  Specify agents/micronutrients \_\_\_\_\_

*Serology & Rabies examination - Please use our Serum and Rabies forms for these submissions.*

**Additional Information or Test Requests:**