



Veterinary Diagnostic Laboratory

1850 Christensen Dr | Ames, IA 50011-1134
515-294-1950 | Fax 515-294-6961 | www.vetmed.iastate.edu/vdl

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 _____
(Sample ID Continuation Form available if listing many ID #'s, see page 3)

Species _____ Breed _____ Gender _____
(Required)

Age/Unit _____ days weeks months years adult
(Required) NA (Age from Birth)

Location _____

Weight _____ lb g kg
(Weight Unit)

HISTORY

Laboratory Use Only Case No. _____
Inventory
Date Rec: _____
Initials: _____
Courier: _____
Tracking No: _____
No. Samples: _____

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)



VETERINARIAN _____

SITE NAME _____

SAMPLE TYPE	<input type="checkbox"/> Serum/Plasma	<input type="checkbox"/> Ocular Fluid	<input type="checkbox"/> Blood	<input type="checkbox"/> Liver	<input type="checkbox"/> Kidney	<input type="checkbox"/> GI	<input type="checkbox"/> Other _____
CONSECUTIVE SAMPLE ID#'S	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____
<input type="checkbox"/> Feedstuff (corn, DDGS, Silage, TMR, etc.)	<input type="checkbox"/> Water	<input type="checkbox"/> Milk	<input type="checkbox"/> Urine	<input type="checkbox"/> Brain	<input type="checkbox"/> Bone	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____

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

This is a Legal Case

All samples will be tested for each assay requested unless noted in the column “Test Samples” (i.e., Vit A 1 - 10, Vit D 11 - 20).

PHARMACOLOGY TESTING

**call before submitting 515-294-1950*

<p><i>Test Samples</i></p> <p>Antibiotic/Antimicrobial (milk only)</p> <p><input type="checkbox"/> *Complete AB/AM w/o CA & AMG _____</p> <p><input type="checkbox"/> *Complete AB/AM w/ CA _____</p> <p><input type="checkbox"/> *Complete AB/AM w/ AMG _____</p>	<p><input type="checkbox"/> Antibiotic Feed Panel _____</p> <p><input type="checkbox"/> Individual Antibiotic - Feed _____</p> <p>Expected level _____</p> <p><input type="checkbox"/> Hormone Free Feed Panel _____</p>	<p><i>Test Samples</i></p> <p><input type="checkbox"/> *Drugs of Abuse Panel (not quantitative) _____</p> <p><input type="checkbox"/> *Cortisol RIA _____</p> <p><input type="checkbox"/> *Individual Analyte Assay _____</p>	<p><i>Test Samples</i></p> <p>_____</p> <p>_____</p> <p>_____</p>
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NUTRITION TESTING

<p><i>Test Samples</i></p> <p>Trace Minerals by ICPMS</p> <p><input type="checkbox"/> Serum/Water Panel _____</p> <p><input type="checkbox"/> Feed/Tissue Panel _____</p> <p>Individual _____</p> <p>Water Quality Panel - for livestock suitability</p> <p><input type="checkbox"/> Includes: nitrate, TDS, sulfates, coliforms _____</p>	<p><i>Test Samples</i></p> <p>Vitamins</p> <p><input type="checkbox"/> Vitamin A _____</p> <p><input type="checkbox"/> Vitamin D (tested at a Referral Lab) _____</p> <p><input type="checkbox"/> Vitamin E _____</p> <p>Expected feed level _____</p>
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See ISU VDL website:
www.vetmed.iastate.edu/vdl
for complete listing of tests, fees, and submission guidelines.

TOXICOLOGY TESTING

<p><i>Test Samples</i></p> <p><input type="checkbox"/> Anions - Sulfate/Sulfur _____</p> <p><input type="checkbox"/> Anions - Nitrate/Nitrite _____</p> <p><input type="checkbox"/> Anticoagulant Panel _____</p> <p><input type="checkbox"/> Bone Profile (Ash, Density, Ca,P) _____</p> <p><input type="checkbox"/> Canine CNS Panel _____</p> <p><input type="checkbox"/> Carbon Monoxide _____</p> <p><input type="checkbox"/> Cholinesterase (brain or whole blood) _____</p> <p><input type="checkbox"/> Cyanide _____</p> <p><input type="checkbox"/> Ethylene Glycol _____</p> <p><input type="checkbox"/> GC/MS Toxicant Screen _____</p> <p><input type="checkbox"/> Other _____</p>	<p><i>Test Samples</i></p> <p>Heavy Metals</p> <p><input type="checkbox"/> Blood Panel (includes As,Cd,Pb,Hg) _____</p> <p><input type="checkbox"/> Arsenic (individual) _____</p> <p><input type="checkbox"/> Mercury (individual) _____</p> <p><input type="checkbox"/> Lead (individual) _____</p> <p>Ionophore</p> <p><input type="checkbox"/> Screen _____</p> <p><input type="checkbox"/> Individual _____</p> <p>Expected Concentration _____</p> <p>Moisture</p> <p><input type="checkbox"/> Percent Loss on Drying _____</p>	<p><i>Test Samples</i></p> <p>Mycotoxins</p> <p><input type="checkbox"/> Panel _____</p> <p><input type="checkbox"/> Aflatoxin M1 (milk or liver) _____</p> <p><input type="checkbox"/> Ergot Alkaloids Panel (Fescue**) _____</p> <p>Toxic Element Panel</p> <p><input type="checkbox"/> Liver or Feed _____</p> <p><input type="checkbox"/> Other _____</p> <p>Pesticides</p> <p><input type="checkbox"/> Carbamate Panel _____</p> <p><input type="checkbox"/> Chlorinated Hydrocarbon Panel _____</p> <p><input type="checkbox"/> Organophosphates Panel _____</p> <p><i>**separate from panel</i></p>
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Additional Information or Test Requests:

