



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)



Laboratory Use Only

Case No. _____

No. Samples _____

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).

VETERINARY DRUG TESTING

**call before submitting 515-294-1950*

<input type="checkbox"/> *Beta-Lactam Panel - Milk _____	Test Samples	<input type="checkbox"/> Antibiotic Panel - Feed _____	Test Samples	<input type="checkbox"/> *Cortisol RIA _____	Test Samples
<input type="checkbox"/> *Individual Antibiotic - Quant Milk _____	_____	<input type="checkbox"/> *Individual Antibiotic - Quant Feed _____	_____	<input type="checkbox"/> *Individual Analyte Assay _____	_____
Expected level _____		Expected level _____		Expected level _____	
		<input type="checkbox"/> Hormone Free Panel - Feed _____	_____		

NUTRITION TESTING

Trace Minerals by ICPMS	Test Samples	Vitamins	Test Samples
<input type="checkbox"/> Serum/Water Panel _____	_____	<input type="checkbox"/> Vitamin A _____	_____
<input type="checkbox"/> Feed/Tissue Panel _____	_____	<input type="checkbox"/> Vitamin D _____	_____
Individual _____	_____	<input type="checkbox"/> Vitamin E _____	_____
Water Quality Panel - for livestock suitability		Expected feed level _____	
<input type="checkbox"/> Includes: nitrate, TDS, sulfates, coliforms _____			

See ISU VDL website:
www.vetmed.iastate.edu/vdl
for complete listing of tests,
fees, and submission guidelines.

TOXICOLOGY TESTING

<input type="checkbox"/> Anions - Sulfate/Sulfur _____	Test Samples	<input type="checkbox"/> Blood Panel (includes As,Cd,Pb,Hg) _____	Test Samples	<input type="checkbox"/> Panel _____	Test Samples
<input type="checkbox"/> Anions - Nitrate/Nitrite _____	_____	<input type="checkbox"/> Arsenic (individual) _____	_____	<input type="checkbox"/> Aflatoxin M1 (milk or liver) _____	_____
<input type="checkbox"/> Anticoagulant Panel _____	_____	<input type="checkbox"/> Mercury (individual) _____	_____	<input type="checkbox"/> Ergot Alkaloids Panel _____	_____
<input type="checkbox"/> Bone Profile (Ash, Density, Ca,P) _____	_____	<input type="checkbox"/> Lead (individual) _____	_____	Toxic Element Panel	
<input type="checkbox"/> Canine CNS Panel _____	_____	Ionophore		<input type="checkbox"/> Liver or Feed _____	_____
<input type="checkbox"/> Carbon Monoxide _____	_____	<input type="checkbox"/> Screen _____	_____	<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> Cholinesterase (brain or whole blood) _____	_____	<input type="checkbox"/> Individual _____	_____	Mass Spec Toxicant Screen	
<input type="checkbox"/> Cyanide _____	_____	Expected Concentration _____		<input type="checkbox"/> GC-MS Toxicant Screen _____	_____
<input type="checkbox"/> Ethylene Glycol _____	_____	Moisture		<input type="checkbox"/> LC-MS Toxicant Screen _____	_____
<input type="checkbox"/> Other _____	_____	<input type="checkbox"/> Percent Loss on Drying _____	_____	<input type="checkbox"/> Combine Toxicant Screen _____	_____

Additional Information or Test Requests: