

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 _____

If Owner Name and Address are same as Animal Location (include info under Site Name)

OWNER _____

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

Special Reporting Requests:
 Fax _____
 Email _____

SAMPLES Collection Date _____ No. of Samples _____ Type: Serum Other _____

PATIENT INFORMATION (USE SAMPLE CONTINUATION FORM FOR ADDITIONAL ANIMALS)

Animal ID _____
Species (Required) _____ Breed _____ Gender _____ Age/Unit _____

SEROLOGY

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> B. canis: RSAT | <input type="checkbox"/> EIA - include GVL or Federal Form | <input type="checkbox"/> Lepto 5: MAT | <input type="checkbox"/> Toxo ELISA |
| <input type="checkbox"/> Brucella: BAPA | <input type="checkbox"/> EIA AGID | <input type="checkbox"/> Lepto 6: MAT | <input type="checkbox"/> West Nile Virus: ELISA |
| <input type="checkbox"/> Canine Herpesvirus: VN | <input type="checkbox"/> EIA ELISA | <input type="checkbox"/> Lepto Canicola (only): MAT | <input type="checkbox"/> Other _____ |

MOLECULAR

- | | |
|---|---|
| <input type="checkbox"/> Canine Distemper Virus (PCR) | <input type="checkbox"/> Equine Herpesvirus 1 & 4 (PCR) |
| <input type="checkbox"/> Canine Herpesvirus (PCR) | <input type="checkbox"/> Equine Influenza A (PCR) |
| <input type="checkbox"/> Canine Influenza A (PCR) | <input type="checkbox"/> Feline Herpesvirus (PCR) |
| <input type="checkbox"/> Subtyping | <input type="checkbox"/> Lepto (PCR) |
| <input type="checkbox"/> Canine Parvovirus (PCR) | <input type="checkbox"/> Salmonella (PCR) |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

SEQUENCING[^]

- Specify instructions in notes section
[^] Testing performed in part or in total at a Referral Laboratory.

VIROLOGY

RABIES - USE RABIES SUBMISSION FORM

Notes or other requests:

MICROBIOLOGY

- | | | | |
|--|---|---|--------------------------------------|
| <input type="checkbox"/> Culture/ID | <input type="checkbox"/> Direct Smear | <input type="checkbox"/> Milk culture | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Sensitivity | <input type="checkbox"/> Enrichment culture | <input type="checkbox"/> Mycoplasma culture | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Blood culture | <input type="checkbox"/> Fungal culture | <input type="checkbox"/> C. diff toxin A/B | |

Disease suspected _____

History _____

Antibiotic treatment _____

PARASITOLOGY

Fecal Float _____

Specific organisms/tests _____

The ISU VDL is a fully accredited laboratory by the American Association of Veterinary Laboratory Diagnosticians and a member of the National Animal Health Laboratory Network. A complete description of ISU VDL's diagnostic services, submission guidelines, client confidentiality policy, and the contractual terms associated with the requests and performance of diagnostic services at the ISU VDL are available at the ISU VDL web-site (www.vetmed.iastate.edu/vdl). Diagnostic specimens submitted for serological or molecular diagnostic testing are generally retained for 2 (serology) to 4 (molecular) weeks from the date received should the need for additional testing arise.