

Veterinary Diagnostic Laboratory
 1937 Christensen Dr | Ames, IA 50011-1100
 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 _____
 Address _____
 City, State & Zip _____

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

Special Reporting Requests

Fax _____
 Email _____

SPECIES: (Required) _____ **Breed:** _____

SAMPLES

Collection Date _____ **No. of Samples** _____
SAMPLE TYPE Bulk Tank Milk Milk
CONSECUTIVE SAMPLE ID#’S _____ to _____ to _____

Consecutively numbering samples (e.g. 1, 2, 3, 4, ...) greatly enhances receiving, accessioning, and sample processing efficiencies within the laboratory.

All samples will be tested for each assay requested unless noted in the column “Test Samples” (i.e., IAV PCR 1 - 10, See ISU-VDL [website](http://www.vetmed.iastate.edu/vdl) for complete listing of tests, fees, and submission guidelines.

MOLECULAR DIAGNOSTICS **SEROLOGY**

PCR Panels
 Individual Samples Pooled Samples (< or=5)

Sample ID #	Animal ID	Age (check unit)			Location (Other)	Parity Gender (#)
		<input type="checkbox"/> d <input type="checkbox"/> wk <input type="checkbox"/> mo <input type="checkbox"/> yr	<input type="checkbox"/> adult	<input type="checkbox"/> NA		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Laboratory Use Only
Inventory

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 _____ **Premises Type (Best Description)**
 Source or Flow ID _____ Dairy (Milk Production)
 Reference (Other) _____ Dairy (Growing or Replacement Stock)
Vaccine Usage Other _____
 Vaccine Name _____ Date Given _____ Dose _____

Reason for Test
 General Diagnostics
 Surveillance
 Interstate Movement
 Other _____
 (Specify reason for testing if for official regulatory purposes)

Export to: _____
 Ship date: _____