



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)

Species _____ Breed _____ Gender _____
(Required)

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

Location _____

Weight _____ lb g kg
(Weight Unit)

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)

