



**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** \_\_\_\_\_

Address \_\_\_\_\_

City, State, & Zip \_\_\_\_\_

**Third-Party Billing (pre-approved)**

\_\_\_\_\_

**Affiliates (list codes)**

\_\_\_\_\_

**Special Reporting Requests**

Fax \_\_\_\_\_

Email \_\_\_\_\_

**SPECIES:** (Required) \_\_\_\_\_ **Breed:** \_\_\_\_\_

**SAMPLES**

**Collection Date** \_\_\_\_\_ **No. of Samples** \_\_\_\_\_

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

**Sample ID #** \_\_\_\_\_ **Animal ID** \_\_\_\_\_ **Age (check unit)**  
 d  wk  mo  yr  adult  NA **Location (Other)** \_\_\_\_\_ **Parity Gender (#)** \_\_\_\_\_

Sample ID #	Animal ID	Age (check unit)	Location (Other)	Parity	Gender	(#)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

*Laboratory Use Only* Case No. \_\_\_\_\_

No. Samples \_\_\_\_\_

**Test Selection & Sample Type Identification on Page 2 >**

**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)

\_\_\_\_\_

**Premises Type (Best Description)**

- Cow/Calf
- Feedlot
- Stocker
- AI or ET Center
- Dairy (Milk Production)
- Dairy (Growing or Replacement Stock)
- Ovine
- Caprine
- Cervid (Captive)
- Cervid (Wild)
- Collection Point (Market/Exhibition)
- Non-Commercial Livestock
- University or Research Center
- Other \_\_\_\_\_

Lot or Group ID \_\_\_\_\_

Source or Flow ID \_\_\_\_\_

Reference (Other) \_\_\_\_\_

**Vaccine Usage**

Vaccine Name	Date Given	Dose

**Reason for Test**

- General Diagnostics
- Surveillance
- Research
- Other \_\_\_\_\_  
(Specify reason for testing if for official regulatory purposes)

**Sample ID #** \_\_\_\_\_ **Animal ID** \_\_\_\_\_ **Age (check unit)**  
 d  wk  mo  yr  adult  NA **Location (Other)** \_\_\_\_\_ **Parity Gender (#)** \_\_\_\_\_

Sample ID #	Animal ID	Age (check unit)	Location (Other)	Parity	Gender	(#)
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						



Laboratory Use Only

Case No. \_\_\_\_\_

No. Samples \_\_\_\_\_

VETERINARIAN \_\_\_\_\_

SITE NAME \_\_\_\_\_

SAMPLE TYPE	<input type="checkbox"/> Ear Notch	<input type="checkbox"/> Serum	<input type="checkbox"/> Whole Blood	<input type="checkbox"/> Blood Swab	<input type="checkbox"/> Nasal Swab	<input type="checkbox"/> Feces or Fecal Swab	<input type="checkbox"/> Semen
CONSECUTIVE SAMPLE ID#'S	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____
<input type="checkbox"/> Export to: _____	<input type="checkbox"/> Trich Pouch	<input type="checkbox"/> Genital Fluid or Swab	<input type="checkbox"/> Urine	<input type="checkbox"/> Kidney	<input type="checkbox"/> Environmental	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
Ship date: _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____

**SEROLOGY**

All samples will be tested for each assay requested unless noted in the column "Test Samples" (i.e.,  BLV 1 - 10,  Johne's 11 - 20).

Test Samples	Test Samples	Test Samples	Test Samples	Test Samples
<input type="checkbox"/> Anaplasma cELISA _____	<input type="checkbox"/> Brucella BAPA _____	<input type="checkbox"/> BVD AgCap ELISA Sera _____	<input type="checkbox"/> Johne's CF bov _____	<input type="checkbox"/> VS IN VN _____
<input type="checkbox"/> BLV AGID _____	<input type="checkbox"/> Brucella Card _____	<input type="checkbox"/> BVD AgCap ELISA EN Fresh _____	<input type="checkbox"/> Johne's ELISA sera _____	<input type="checkbox"/> VS NJ VN _____
<input type="checkbox"/> BLV ELISA _____	<input type="checkbox"/> Brucella FPA _____	<input type="checkbox"/> CAE cELISA _____	<input type="checkbox"/> Johne's ELISA milk _____	<input type="checkbox"/> _____
<input type="checkbox"/> BTV/EHD AGID _____	<input type="checkbox"/> Brucella SPT _____	<input type="checkbox"/> C burnetii IFA (Q fever) _____	<input type="checkbox"/> Lepto (5 sero) MAT _____	<input type="checkbox"/> _____
<input type="checkbox"/> Bluetongue cELISA _____	<input type="checkbox"/> Brucella STT _____	<input type="checkbox"/> IBR VN _____	<input type="checkbox"/> Neospora cELISA _____	<input type="checkbox"/> _____
<input type="checkbox"/> BPIV-3 VN _____	<input type="checkbox"/> BVD Type I VN _____		<input type="checkbox"/> Toxo ELISA _____	<input type="checkbox"/> _____
<input type="checkbox"/> BRSV VN _____	<input type="checkbox"/> BVD Type II VN _____			<input type="checkbox"/> _____

**MOLECULAR DIAGNOSTICS**

If you have specific pooling instructions, specify in add'l info box below

Bovine PCR Panels	Individual	Test Samples	Test Samples	Pool Samples (< or=5)
Enteric <i>Corona, Rota, K99 E coli, Sal, Crypto</i>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Respiratory <b>Complete:</b> <i>H somni, M bovis, M haem, P mult, BCoV, BRSV, BVD, IBR</i>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Respiratory <b>Bacterial:</b> <i>H somni, M bovis, M haem, P mult</i>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Respiratory <b>Viral:</b> <i>BCoV, BRSV, BVD, IBR</i>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<b>PCR</b>				
A marginale	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
BCoV	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
BRSV	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
BVD	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

PCR	Individual	Test Samples	Test Samples	Pool Samples (< or=5)
Caprine Herpes 1	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
C burnetii (Q fever)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
IBR	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
IDV (Influenza D)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Johne's	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Lepto spp	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Lepto hardjo bovis	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
M bovis	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
MCFV	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Salmonella	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
T foetus	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
WNV	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

**IMMUNOHISTOCHEMISTRY**

<input type="checkbox"/> BVD Ear Notch - formalin fixed
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**RABIES**

Use Rabies Exam Form

**VIRUS ISOLATION**

<input type="checkbox"/> BPIV-3	<input type="checkbox"/> IBR
<input type="checkbox"/> BVD	<input type="checkbox"/> BRSV
<input type="checkbox"/> Virus titration _____	
<b>Special Instructions:</b> (eg. # per case, group, location)	

**NUTRITION AND PHARMACOLOGY**

<input type="checkbox"/> Trace Mineral Panel (Serum) - Ca, Cu, Fe, K, Mg, Mn, Mo, P, Se, Zn	<input type="checkbox"/> Vitamin A	<input type="checkbox"/> Vitamin E
<input type="checkbox"/> Trace Mineral Panel (Tissue) - Ca, Cd, Co, Cr, Cu, Fe, K, Mg, Mn, Mo, Na, P, Se, Zn	<input type="checkbox"/> Individual Antibiotic _____	
	<input type="checkbox"/> Other _____	

See ISU-VDL website for a complete listing of the Toxicology, Feed, Water, and Drug testing conducted.

Special Instructions:

**CERVIDAE**

<b>CWD Testing</b>
<input type="checkbox"/> AgCap ELISA
<b>Sample Type</b>
<input type="checkbox"/> Obex
<input type="checkbox"/> Retropharyngeal LN

**BACTERIAL CULTURE**

<input type="checkbox"/> Culture/ID	<input type="checkbox"/> Sensitivity	<input type="checkbox"/> Save Isolate	*Please include Age with Sample ID info
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Test Sample #'s \_\_\_\_\_  
Specific organisms/tests \_\_\_\_\_

**PARASITOLOGY**

Fecal Float \_\_\_\_\_  
Specific organisms/tests \_\_\_\_\_

**Additional Information or Test Requests:**