



**Veterinary Diagnostic Laboratory**

1937 Christensen Dr | Ames, IA 50011-1100

515-294-1950 | Fax 515-294-6961 | [www.vetmed.iastate.edu/vdl](http://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:** \_\_\_\_\_

Laboratory Use Only  
Inventory

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

**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) \_\_\_\_\_

**Vaccine Usage**

Vaccine Name	Date Given	Dose

**Reason for Test**

☐ General Diagnostics

☐ Surveillance

☐ Research

☐ Other \_\_\_\_\_  
(Specify reason for testing if for official regulatory purposes)

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

**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).**

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

**SEROLOGY**

**Test Samples**

- ☐ Anaplasma cELISA \_\_\_\_\_
- ☐ BC-V ELISA \_\_\_\_\_
- ☐ BHV-1 VN (V) \_\_\_\_\_
- ☐ Bluetongue cELISA \_\_\_\_\_
- ☐ BLV ELISA \_\_\_\_\_
- ☐ BPIV-3 VN (V) \_\_\_\_\_
- ☐ BRSV VN (V) \_\_\_\_\_

**Test Samples**

- ☐ Brucella BAPA \_\_\_\_\_
- ☐ Brucella Card \_\_\_\_\_
- ☐ Brucella FPA \_\_\_\_\_
- ☐ Brucella SPT \_\_\_\_\_
- ☐ Brucella STT \_\_\_\_\_
- ☐ BTV/EHD AGID \_\_\_\_\_
- ☐ BVD AgCap ELISA Sera \_\_\_\_\_

**Test Samples**

- ☐ BVD AgCap ELISA EN Fresh \_\_\_\_\_
- ☐ BVD Type I VN (V) \_\_\_\_\_
- ☐ BVD Type II VN (V) \_\_\_\_\_
- ☐ CAE cELISA \_\_\_\_\_
- ☐ C burnetii ELISA (Q fever) \_\_\_\_\_
- ☐ Johne's ELISA sera \_\_\_\_\_

**Test Samples**

- ☐ Lepto (5 sero) MAT \_\_\_\_\_
- ☐ Neospora cELISA \_\_\_\_\_
- ☐ Salmonella ELISA \_\_\_\_\_
- ☐ Toxo ELISA \_\_\_\_\_
- ☐ VS IN VN (V) \_\_\_\_\_
- ☐ VS NJ VN (V) \_\_\_\_\_

**Test Samples**

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

**Additional Test Selection on Page 2 >**  
**Sample Type Identification on Page 3 >**



Laboratory Use Only

Case No.

VETERINARIAN \_\_\_\_\_

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

### MOLECULAR DIAGNOSTICS

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

PCR Panels	Individual	Test Samples	Pooled	Test Samples	Pool (< or=5)
Bovine Abortion <i>BHV-1, BVDV, Leptospira spp., Neospora caninum</i>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
Bovine Enteric <i>Corona, Rota, K99 E coli, Sal, Crypto</i>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
Bovine Respiratory <b>Complete:</b> <i>H somni, M bovis, M haem, P mult, BCoV, BHV-1, BRSV, BVD</i>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
Bovine Respiratory <b>Bacterial:</b> <i>H somni, M bovis, M haem, P mult</i>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
Bovine Respiratory <b>Viral:</b> <i>BCoV, BHV-1, BRSV, BVD</i>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
Small Ruminant Abortion <i>T gondii, C jejuni / fetus, C burnetii, C abortus, and CpHV</i>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____

### PCR

A marginale	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
A marginale/ phagocytophilum	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
BCoV	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
BHV-1	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
BRSV	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
BTB	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
BVD	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
BVDV/BHV-1	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
C burnetii (Q fever)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____

PCR	Individual	Test Samples	Pooled	Test Samples	Pool (< or=5)
C jejuni / fetus	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
C pecorum^^	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
Caprine Herpes 1	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
CVV^^	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
IDV (Influenza D)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
EHDV	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
EHDV/BDV	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
Johne's	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
L. monocytogenes/ ivanovii	<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"/>	_____	_____
M ovi	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
Neo/Lepto spp	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
OHV-2	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
P multocida	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
Salmonella	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
Salmonella serotyping	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
T. orientalis	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
Tritrichomonas foetus	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
Toxoplasma gondii	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____

### IMMUNOHISTOCHEMISTRY

☐ BVD Ear Notch - formalin fixed

### RABIES

Use Rabies Exam Form

### VIRUS ISOLATION

☐ BHV-1 ☐ BVD  
☐ BPIV-3 ☐ Rota A  
☐ BRSV  
☐ Virus titration \_\_\_\_\_

**Special Instructions:**  
(eg. # per case, group, location)

### CERVIDAE

CWD Testing

☐ AgCap ELISA

Sample Type

☐ Obex  
☐ Retropharyngeal LN

### NUTRITION AND PHARMACOLOGY

☐ Trace Mineral Panel (Serum) - Ca, Cu, Fe, K, Mg, Mn, Mo, P, Se, Zn

☐ Trace Mineral Panel (Tissue) - Ca, Cd, Co, Cr, Cu, Fe, K, Mg, Mn, Mo, Na, P, Se, Zn

☐ Vitamin A

☐ Vitamin E

☐ Individual Antibiotic \_\_\_\_\_

☐ Other \_\_\_\_\_

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

**Special instructions:**

### BACTERIAL CULTURE

☐ Culture/ID ☐ Sensitivity ☐ Save Isolate (Please include Age with Sample ID info)

Test Sample #'s \_\_\_\_\_

Specific organisms/tests \_\_\_\_\_

☐ Standard Plate Count with 1 ID ☐ Raw Milk Bacterial Count

### PARASITOLOGY ^

☐ Fecal Float \_\_\_\_\_

Specific organisms/tests \_\_\_\_\_

### Additional Information or Test Requests:

^Testing performed in part or in total at a Referral Laboratory.  
 ^^Assay has not been fully validated for all the testing conducted.

Sample Type Identification on Page 3 >

VETERINARIAN

SITE NAME

SAMPLES

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

Collection DateNo. of Samples

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"/> Environ-mental	<input type="checkbox"/> Other	<input type="checkbox"/> Other
Ship date:	to	to	to	to	to	to	to

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		
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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		
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