



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:** _____

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 for complete listing of tests, fees, and submission guidelines.

SEROLOGY

Test Samples

- ☐ Anaplasma cELISA _____
☐ BCoV 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

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 Complete: <i>H somni, M bovis, M haem, P mult, BCoV, BHV-1, BRSV, BVD</i>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
Bovine Respiratory Bacterial: <i>H somni, M bovis, M haem, P mult</i>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
Bovine Respiratory Viral: <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"/>	_____	_____

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

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)	Gender	Parity (#)
		<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	
		<input type="checkbox"/> d	<input type="checkbox"/> wk	<input type="checkbox"/> mo		Gender	#
		<input type="checkbox"/> yr	<input type="checkbox"/> adult	<input type="checkbox"/> NA			
31							
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