College of Veterinary Medicine	Request Form The Page 1	Laboratory Use Only Inventory	Case M	No.	
Veterinary Diagnostic Laborat 1937 Christensen Dr Ames, IA 50011- 515-294-1950 Fax 515-294-6961 wi	1100				
		ANIMAL LOCATION	I: Premises, Herd a	nd Submission-Level Identifiers	
Clinic		SITE NAME			
Address					
City, State & Zip					
Phone				Country	
Email		Premises ID# (attach	h premises ID bar co	ode sticker if available)	
Accreditation # (if regulatory)					
If Owner Name and Address are same as An OWNER					
Address		Lot or Group ID	Premises Type		
City, State & Zip		Source or Flow ID	(Best Description)		
Third-Party Billing (pre-approved)	Affiliates (list clinic names or codes)	Reference (Other)		Al or ET Center	
			, <u>, , , , , , , , , , , , , , , , </u>	Dairy (Milk Production) Dairy (Growing or	
		Vaccine Usage	Date	Replacement Stock)	
		Vaccine Name	Given Dose	Other	
Special Reporting Requests					
Fax					
Email					
		Reason for Test			
		General Diagnostics			
SPECIES:(Required)	Breed:		5		
		Other			
		(Specify reason for testing if for	or official regulatory purposes)	_	
	Export to:				
		Ship date:			
BACTERIAL CULTURE	rre/ID 🔲 Sensitivity 🔲 Save Isolate				
	terial Count Basic Milk with Myco Co	iform Count 🔲 Bulk Tank C	ulture		
Specific organisms/tests					

Additional Information or Test Requests:		

The ISU VDL is fully accredited by the American Association of Veterinary Laboratory Diagnosticians and a member of the National Animal Health Laboratory Network. A complete description of ISU VDL's diagnostic services, submission guidelines, client confidentiality policy, and the contractual terms associated with the performance of diagnostic services are available at the ISU VDL website (www vetmed lastate edu/ud). Diagnostic specimens submitted for testing are retained according to the testing section policy. Serology 2 wks; Molecular 3 wks; Analytical Chemistry tissue 6 wks, fluid 2 wks; from the date received. 3/2024

..... Laboratory Use Only

Case No.

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IOWA STATE Udder Health UNIVERSITY Test Request Form **College of Veterinary Medicine**

SITE NAME

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VETERINARIAN

SAMPLES				Consecutively numbering samples (e.g. 1, 2, 3, 4,) greatly enhances receiving,						
Collection Date N	No. of Samples					ooratory.				
SAMPLE TYPE	Teat swab	🔲 Milk	🔲 Raw Milk	Colostrum	Environmental	Bulk Tank	Bedding			
CONSECUTIVE SAMPLE ID#'S	to	to	to	to	to	to	to			

Sample ID #	Animal ID	Age (check unit) d wk mo yr adult NA	Location (Other)	F Gender	Parity ' (#)	Sample ID #	Animal ID	Age (che ☐ d ☐ w ☐ yr ☐ ao	e ck unit) rk 🛄 mo dult 🛄 NA	Location (Other)	Gende	Parity er (#)
1						31						
2						32						
3						33						
4						34						
5						35						
6						36						
7						37						
8						38						
9						39						
10						40						
11						41						
12						42						
13						43						
14						44						
15						45						
16						46						
17						47						
18						48						
19						49						
20						50						
21						51						
22						52						
23						53						
24						54						
25						55						
26						56						
27						57						
28						58						
29						59						
30						60						

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