



**Veterinary Diagnostic Laboratory**

1600 South 16th St. | Ames, IA 50011-1250  
515-294-1950 | Fax 515-294-3564 | www.vdpam.iastate.edu

**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 codes)**

\_\_\_\_\_

**Special Reporting Requests**

Phone \_\_\_\_\_

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)		Location (Other)	Parity Gender (#)
		<input type="checkbox"/> d <input type="checkbox"/> wk <input type="checkbox"/> mo	<input type="checkbox"/> yr <input type="checkbox"/> adult		
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
- Other \_\_\_\_\_  
(Specify reason for testing if for official regulatory purposes)

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		
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 _____

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).

**SEROLOGY**

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

Test Samples	Test Samples	Test Samples	Test Samples	Test Samples
<input type="checkbox"/> Anaplasma CF _____	<input type="checkbox"/> Brucella Card _____	<input type="checkbox"/> BVD AgCap ELISA EN Fresh _____	<input type="checkbox"/> Johne's CF bov _____	<input type="checkbox"/> VS IN VN _____
<input type="checkbox"/> Anaplasma cELISA _____	<input type="checkbox"/> Brucella FPA _____	<input type="checkbox"/> CAE cELISA _____	<input type="checkbox"/> Johne's ELISA sera _____	<input type="checkbox"/> VS NJ VN _____
<input type="checkbox"/> BLV AGID _____	<input type="checkbox"/> Brucella SPT _____	<input type="checkbox"/> CAE AGID _____	<input type="checkbox"/> Johne's ELISA milk _____	<input type="checkbox"/> _____
<input type="checkbox"/> BLV ELISA _____	<input type="checkbox"/> Brucella STT _____	<input type="checkbox"/> C burnetii IFA (Q fever) _____	<input type="checkbox"/> Lepto (5 sero) MAT _____	<input type="checkbox"/> _____
<input type="checkbox"/> Bluetongue AGID _____	<input type="checkbox"/> BVD Type I VN _____	<input type="checkbox"/> EHD AGID _____	<input type="checkbox"/> Neospora cELISA _____	<input type="checkbox"/> _____
<input type="checkbox"/> Bluetongue cELISA _____	<input type="checkbox"/> BVD Type II VN _____	<input type="checkbox"/> H Somnus CF _____	<input type="checkbox"/> OPP AGID _____	<input type="checkbox"/> _____
<input type="checkbox"/> BRSV VN _____	<input type="checkbox"/> BVD AgCap ELISA Sera _____	<input type="checkbox"/> IBR VN _____	<input type="checkbox"/> PI3 VN _____	<input type="checkbox"/> _____
<input type="checkbox"/> Brucella BAPA _____			<input type="checkbox"/> Toxo ELISA _____	<input type="checkbox"/> _____

**MOLECULAR & VIRAL DIAGNOSTICS**

Samples tested individually, unless otherwise indicated.

See ISU VDL website: [www.vdpam.iastate.edu](http://www.vdpam.iastate.edu) for guidance on appropriate sample types.

Pool All Samples in Groups of \_\_\_\_\_ (≤ 5)

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

**PCR**

<input type="checkbox"/> A marginale _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> BCoV _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> BRSV _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> BVD _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**IMMUNOHISTOCHEMISTRY**

BVD Ear Notch - formalin fixed

**RABIES**

Use Rabies Exam Form

**VIRUS ISOLATION**

BPI3  IBR  
 BVD  BRSV  
 Forward Isolate to \_\_\_\_\_  
 Virus titration \_\_\_\_\_

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

**NUTRITION AND PHARMACOLOGY**

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

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

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

Special Instructions:

Vitamin A  Vitamin E  
 Drug (Antibiotic) Panel  Individual Drug \_\_\_\_\_  
 Other \_\_\_\_\_

**CERVIDAE**

CWD Testing

AgCap ELISA

Sample Type

Obex

Retropharyngeal LN

**BACTERIAL CULTURE**

Culture/ID  Sensitivity  Save Isolate

Forward Isolate to \_\_\_\_\_  Test Samples \_\_\_\_\_

Specific organisms/special test \_\_\_\_\_

\*Please include **Age** with sample-level information and note **Syndrome** below to aid in culture setup.

Check all that apply:  Enteric  Respiratory  Systemic

**Additional Information or Test Requests:**