



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 _____

If Owner Name and Address are same as Animal Location (include info under Site Name)

OWNER _____

Address _____
City, State & Zip _____

Is this a potential legal case? Yes No

Contact _____

Special Reporting Requests

Fax _____
 Email _____

PATIENT INFORMATION (USE SAMPLE CONTINUATION FORM FOR ADDITIONAL ANIMALS)

Animal ID/Name _____
Species (Required) _____ Breed _____ Age/Unit _____ Weight _____ Gender M F
 MC FS

CLINICAL SIGNS, TREATMENT & RESPONSE, FEEDING, MANAGEMENT, DIFFERENTIAL DIAGNOSIS

NECROPSY

Date of Death _____ Euthanized

DISPOSITION OF REMAINS

- No remains returned
- Pick up by Cremation Facility _____
- NA: Necropsy performed by submitting veterinarian

Additional notes/post mortem findings:

Laboratory Use Only
Inventory

Case No. _____

ANIMAL LOCATION: Premises and Submission-Level Identifiers

Reason for Test

- General Diagnostics
- Export _____
- Other _____

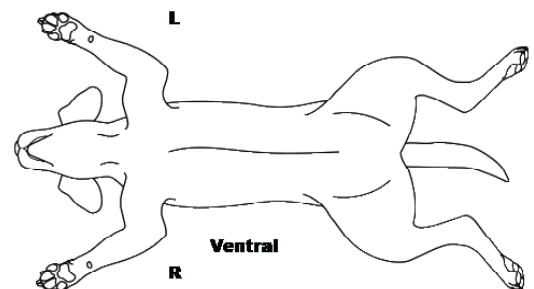
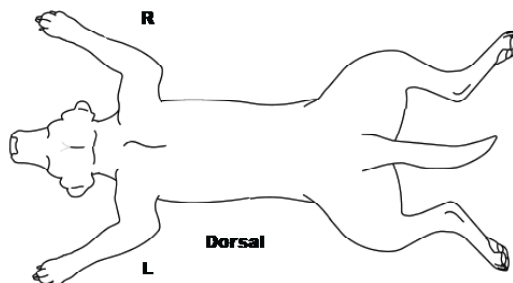
Premises Type

- Pet
- Breeder
- Boarding
- Other _____

SITE NAME _____

Address _____
City, State & Zip _____
County _____ Country _____

Please indicate observed lesion location(s), if applicable.



BIOPSY

SITE (S): _____

A: _____

B: _____

C: _____

Description of Mass:

Size: _____ cm x _____ cm x _____ cm

Excisional or Incisional

Color: _____

Consistency: _____

Date in Fixative: _____

Additional Test Selection on Page 2 >

VETERINARIAN _____

SITE NAME _____

Collection Date: _____

SAMPLE TYPE	CONSECUTIVE SAMPLE ID#S		# On Ice	# Fixed	TISSUE TYPE	# On Ice	# Fixed	TISSUE TYPE	# On Ice	# Fixed
<input type="checkbox"/> Whole Body		Brain	_____	_____	Kidney	_____	_____	Intestine	_____	_____
<input type="checkbox"/> Serum	_____ to _____	Heart	_____	_____	Spleen	_____	_____	Colon	_____	_____
<input type="checkbox"/> Whole Blood	_____ to _____	Lung	_____	_____	Tonsil	_____	_____	Serum	_____	_____
<input type="checkbox"/> Feces	_____ to _____	Liver	_____	_____	Lymph node	_____	_____	Blood	_____	_____
<input type="checkbox"/> Feed	_____ to _____									
<input type="checkbox"/> Other	_____ to _____									

PATHOLOGY

Discretion of Diagnostician – THE DIAGNOSTICIAN’S JUDGMENT WILL DETERMINE TESTS PERFORMED

Gross Pathology Specific interest _____

Histopathology Specific interest _____

SEROLOGY

- B. canis Rapid Ab
- Brucella: BAPA
- Canine Herpesvirus: VN
- EIA - include GVL or Federal Form
- EIA AGID
- EIA ELISA
- Lepto 5: MAT
- Lepto 6: MAT
- Lepto Canicola (only): MAT
- Toxo ELISA
- West Nile Virus: ELISA
- Other _____

MOLECULAR

- Canine Adenovirus PCR
- Canine Coronavirus PCR
- Canine Distemper Virus PCR
- Canine Herpesvirus PCR
- Canine Influenza A PCR
- Subtyping
- Canine Parvovirus PCR
- Equine Adenovirus PCR
- Equine Arteritis PCR
- Equine Herpesvirus 1 PCR
- Neuropathotyping
- Equine Herpesvirus 4 ^^ PCR
- Equine Influenza A PCR
- Equine Rhinitis PCR
- Feline Calicivirus PCR
- Feline Herpesvirus PCR
- Feline Panleukopenia Virus PCR
- L. monocytogenes/ivanovii PCR
- Lepto PCR
- Salmonella PCR
- Salmonella Serotyping
- Toxoplasma gondii PCR

SEQUENCING^

Specify instructions in notes section

VIROLOGY

RABIES - USE RABIES SUBMISSION FORM

MICROBIOLOGY

- Blood culture
- C. diff toxin A/B
- Culture/ID
- Direct Smear
- Enrichment culture
- Fungal culture
- Fungal ID culture sent
- Milk culture
- Mycoplasma culture
- Sensitivity
- Standard Plate Count with 1 ID
- Other _____

Disease suspected _____

History _____

Antibiotic treatment _____

PARASITOLOGY^

Fecal Float _____

Specific organisms/tests _____

ANALYTICAL CHEMISTRY SERVICES

Specify agents/micronutrients _____

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