

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)
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Special Reporting Requests

Fax _____
 Email _____

SPECIES: (Required) _____ **Breed:** _____

SAMPLES

Collection Date _____ No. of Samples _____

SAMPLE TYPE	<input type="checkbox"/> Bulk Tank Milk	<input type="checkbox"/> Milk	<input type="checkbox"/> Nasal Swab	<input type="checkbox"/> Serum	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
CONSECUTIVE SAMPLE ID#’S	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____

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

All samples will be tested for each assay requested unless noted in the column “Test Samples” (i.e., IAV PCR 1 - 10, See ISU-VDL website for complete listing of tests, fees, and submission guidelines.

MOLECULAR DIAGNOSTICS

SEROLOGY

PCR Panels Individual Pooled Test Samples Pool Samples (< or=5)

Sample ID #	Animal ID	Age (check unit)			Location (Other)	Parity Gender (#)
		<input type="checkbox"/> d	<input type="checkbox"/> wk	<input type="checkbox"/> mo		
1		<input type="checkbox"/> yr	<input type="checkbox"/> adult	<input type="checkbox"/> NA		
2						
3						
4						
5						
6						
7						
8						
9						
10						

Test Samples IAV NP ELISA _____

Sample ID #	Animal ID	Age (check unit)			Location (Other)	Parity Gender (#)
		<input type="checkbox"/> d	<input type="checkbox"/> wk	<input type="checkbox"/> mo		
11		<input type="checkbox"/> yr	<input type="checkbox"/> adult	<input type="checkbox"/> NA		
12						
13						
14						
15						
16						
17						
18						
19						
20						