

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 Case No. _____
Inventory

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

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 _____

Reason for Test

- General Diagnostics
- Surveillance
- Research
- Other _____
(Specify reason for testing if for official regulatory purposes)

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](http://www.vetmed.iastate.edu/vdl) for complete listing of tests, fees, and submission guidelines.

SEROLOGY

Test Samples	Test Samples	Test Samples	Test Samples	Test Samples
<input type="checkbox"/> Anaplasma cELISA _____	<input type="checkbox"/> Brucella BAPA _____	<input type="checkbox"/> BVD AgCap ELISA EN Fresh _____	<input type="checkbox"/> Lepto (5 sero) MAT _____	<input type="checkbox"/> _____
<input type="checkbox"/> BCoV ELISA _____	<input type="checkbox"/> Brucella Card _____	<input type="checkbox"/> BVD Type I VN (V) _____	<input type="checkbox"/> Neospora cELISA _____	<input type="checkbox"/> _____
<input type="checkbox"/> BHV-1 VN (V) _____	<input type="checkbox"/> Brucella FPA _____	<input type="checkbox"/> BVD Type II VN (V) _____	<input type="checkbox"/> Salmonella ELISA _____	<input type="checkbox"/> _____
<input type="checkbox"/> Bluetongue cELISA _____	<input type="checkbox"/> Brucella SPT _____	<input type="checkbox"/> CAE cELISA _____	<input type="checkbox"/> Toxo ELISA _____	<input type="checkbox"/> _____
<input type="checkbox"/> BLV ELISA _____	<input type="checkbox"/> Brucella STT _____	<input type="checkbox"/> C burnetii ELISA (Q fever) _____	<input type="checkbox"/> VS IN VN (V) _____	<input type="checkbox"/> _____
<input type="checkbox"/> BPIV-3 VN (V) _____	<input type="checkbox"/> BTV/EHD AGID _____	<input type="checkbox"/> IAV NP ELISA _____	<input type="checkbox"/> VS NJ VN (V) _____	<input type="checkbox"/> _____
<input type="checkbox"/> BRSV VN (V) _____	<input type="checkbox"/> BVD AgCap ELISA Sera _____	<input type="checkbox"/> Johne's ELISA sera _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

**Additional Test Selection on Page 2 >
 Sample Type Identification on Page 3 >**



Laboratory Use Only

Case No. _____

VETERINARIAN _____

SITE NAME _____

MOLECULAR DIAGNOSTICS

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

PCR Panels	Individual	Test Samples	Test 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>BCoV, Crypto, K99 E coli, Rota, Sal</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"/>	_____	_____
BTV	<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"/>	_____	_____
C jejuni / fetus	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____

PCR	Individual	Test Samples	Test Pooled	Test Samples	Pool (< or=5)
C pecorum^^	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
Caprine Herpes 1	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
CVV^^	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
IAV (Influenza A)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
IDV (Influenza D)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
EHDV	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
EHDV/BTV	<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"/>	_____	_____
WNV	<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

ANALYTICAL CHEMISTRY SERVICES

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

- Micro Mineral Panel - Co, Cu, Fe, Mg, Mn, Mo, Se, Zn
- Mineral Panel (Serum) - Ca, Cu, Fe, K, Mg, Mn, Mo, P, Se, Zn
- Mineral Panel (Tissue) - Ca, Cd, Co, Cr, Cu, Fe, K, Mg, Mn, Mo, Na, P, Se, Zn
- Vitamin A
- Vitamin E
- Other (specify) _____

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 Date _____ No. of Samples _____

SAMPLE TYPE	<input type="checkbox"/> Blood Swab	<input type="checkbox"/> Bulk Tank Milk	<input type="checkbox"/> Ear Notch	<input type="checkbox"/> Environmental	<input type="checkbox"/> Feces or Fecal Swab	<input type="checkbox"/> Genital Fluid or Swab	<input type="checkbox"/> Milk
CONSECUTIVE SAMPLE ID#'S	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____
<input type="checkbox"/> Export to: _____ Ship date: _____	<input type="checkbox"/> Nasal Swab	<input type="checkbox"/> Semen	<input type="checkbox"/> Serum	<input type="checkbox"/> Trich Pouch	<input type="checkbox"/> Urine	<input type="checkbox"/> Whole Blood	<input type="checkbox"/> Other _____
	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____

Sample ID #	Animal ID	Age (check unit)			Location (Other)	Gender	Parity (#)	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"/> d	<input type="checkbox"/> wk	<input type="checkbox"/> mo			
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							