



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 _____

Date Collected _____

PATIENT INFORMATION

Animal ID _____
(Sample ID Continuation Form available if listing many ID #'s)
Species _____ Breed _____ Gender _____
(Required)
Age/Unit _____ days weeks months years adult
(Required)
Weight _____ lb g kg
(Weight Unit)

Laboratory Use Only

Case No. _____

Inventory

Fixed _____
Fresh _____
Other _____

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) _____

Premises Type

- Boar Stud/Breeding Herd
- Collection Point (Slaughter/Market)
- Farrow to Feeder/Finish
- Nursery
- Grow-Finish (or Wean to Finish)
- Isolation or Growing Replacement Stock
- Cow/Calf
- Feedlot
- Dairy
- Caprine/Ovine
- Equine
- University or Research Center
- Other _____

Vaccine Usage

Vaccine Name	Date Given	Dose

Reason for Test

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

CLINICAL SIGNS/SYNDROME (Required)

- CNS
- Enteric
- Lameness
- Reproductive
- Respiratory
- Sudden Death
- Systemic

CLINICAL SIGNS, TREATMENT & RESPONSE, FEEDING, MANAGEMENT, POST MORTEM FINDINGS, DIFFERENTIAL DIAGNOSIS

At risk _____ # or % Sick _____ # or % Dead _____

Diagnostic Question

TYPE OF INVESTIGATION AND DESIRED REPORTING (Required)

Herd/Lot/Group Individual Animal†

† Additional testing and fees are incurred when requesting individual animal investigation and reporting on case submissions with multiple animals of the same epidemiological unit or group.

Additional Test Selection on Page 2 >

Biopsy/Source

Laboratory Use Only Case No.

SAMPLE TYPES

Euthanized / Submitted alive # Found dead # of Fetuses

Table with columns for # On Ice and # Fixed for various organs: Brain, Heart, Lung, Liver, Kidney, Spleen, Tonsil, Lymph node, Intestine, Colon, Serum, Blood, Feed, Water, Feces, Swabs, Biopsy, Other.

Expected PRRSV negative Expected PEDV negative

EXAMINATIONS REQUESTED (Unless "Discretion of Diagnostician" is marked, ONLY tests indicated will be performed)

Discretion of Diagnostician - THE DIAGNOSTICIAN'S JUDGMENT WILL DETERMINE TESTS PERFORMED

Gross Pathology Specific interest

Histopathology Specific interest

Immunohistochemistry Specific interest

Bacteriology Culture/ID Sensitivity Fungal culture Specify organisms/tests and instructions Serotype/Genotype - Specific agent/instructions

Molecular Diagnostics PCR - Specify organisms/tests and instructions IAV (USDA Surv) Sequencing^ - Specify organisms/tests and instruction

Virology Virus isolation - specify organism/test and instructions

Parasitology^ Specific organism/test

Analytical Chemistry Services Specify agents/micronutrients

Rabies examination - Please use our Rabies form.

Additional Information or Test Requests:

^Testing performed in part or in total at a Referral Laboratory.

The ISU VDL is a fully accredited laboratory 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 requests and performance of diagnostic services at the ISU VDL are available at the ISU VDL website (www.vetmed.iastate.edu/vdl). 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.