



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) (Age from Birth)

Location _____

Weight _____ lb g kg

(Weight Unit)

CLINICAL SIGNS/SYNDROME (Check All That Apply - Required)

CNS Enteric Lameness Reproductive Respiratory Sudden Death Systemic

Other _____

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

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

Laboratory Use Only

Case No. _____

Inventory

Initials _____

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 (Best Description)

- Boar Stud/Breeding Herd
- Collection Point (Slaughter/Market)
- Farrow to Feeder/Finish
- Nursery
- Grow-Finish (or Wean to Finish)
- Isolation or Growing Replacement Stock

Vaccine Usage

Vaccine Name _____ Date Given _____ Dose _____

Vaccine Name	Date Given	Dose

Cow/Calf

Feedlot

Dairy

Caprine/Ovine

Equine

Companion Animal

University or Research Center

Other _____

Reason for Test

General Diagnostics

Surveillance

Research

Other _____

(Specify reason for testing if for official regulatory purposes)

Biopsy/Source _____

Laboratory Use Only Case No. _____

Number of Animals Sampled _____ Test Individually Pool Samples
 (Required)

SUBMISSION DETAILS

Submitted alive _____ # Submitted dead _____ # of Fetuses _____ Other (specify) _____

# On Ice	# Fixed	# On Ice	# Fixed	# On Ice	# Fixed	# On Ice
Brain _____	_____	Kidney _____	_____	Intestine _____	_____	Feed _____
Heart _____	_____	Spleen _____	_____	Colon _____	_____	Water _____
Lung _____	_____	Tonsil _____	_____	Serum _____	_____	Feces _____
Liver _____	_____	Lymph node _____	_____	Blood _____	_____	Swabs _____

Expected PRRSV Neg
 Expected PEDV Neg
 Other _____

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:
