

**Veterinary Diagnostic Laboratory**  
 1937 Christensen Dr | Ames, IA 50011-1100  
 515-294-1950 | Fax 515-294-6961 | [www.vetmed.iastate.edu/vdl](http://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 \_\_\_\_\_

<b>Third-Party Billing</b> (pre-approved)	<b>Affiliates</b> (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 Samples	Pool (< or=5)
Bovine Abortion <i>BHV-1, BVDV, Leptospira spp., Neospora caninum</i>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Bovine Enteric <i>Corona, Rota, K99 E coli, Sal, Crypto</i>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Bovine Respiratory <b>Complete:</b> <i>H somni, M bovis, M haem, P mult, BCoV, BHV-1, BRSV, BVD</i>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Bovine Respiratory <b>Bacterial:</b> <i>H somni, M bovis, M haem, P mult</i>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Bovine Respiratory <b>Viral:</b> <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 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

**NUTRITION AND PHARMACOLOGY**

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

- Trace Mineral Panel (Serum) - Ca, Cu, Fe, K, Mg, Mn, Mo, P, Se, Zn
- Trace Mineral Panel (Tissue) - Ca, Cd, Co, Cr, Cu, Fe, K, Mg, Mn, Mo, Na, P, Se, Zn
- Vitamin A
- Vitamin E
- Individual Antibiotic \_\_\_\_\_
- Other \_\_\_\_\_

**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 \_\_\_\_\_

<b>SAMPLE TYPE</b>	<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
<b>CONSECUTIVE SAMPLE ID#'S</b>	_____ 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							
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