

M CVM Veterinary Medical Diagnostic Laboratory Submission Form

1-800-UMC-VMDL 800-862-8635 Fax 573-882-1411

Courier Address

www.vmdl.missouri.edu

US Mail Address

VMDL, 810 E. Campus Loop, Columbia, MO 65211

VMDL, PO Box 6023, Columbia, MO 65205

Acct No _____ Email _____

Date Sample Taken _____ Date Sent _____

Phone _____ Fax _____

Owner _____

Veterinarian _____

Address _____

Clinic _____

City _____ State _____ Zip _____

Address _____

Phone _____ Bill Owner _____

City _____ State _____ Zip _____

Animal Tag/ID _____ Species _____ Breed _____ Sex _____ Age _____ Weight _____

in Group _____ Sick _____ Dead _____ Raised on Premises? _____ If purchased, when? _____ New introductions? _____ Date Introduced _____

Date noticed sick _____ Euthanized? _____ Method of euthanasia _____ Time/ Date of Death _____

Presenting complaint/Systems of interest: Choose as many as apply.

- Normal Fever Neurological Hepatic GI/Diarrhea
- Abortion/Repro Failure Endocrine Sudden Death Urinary/urogenital Musculoskeletal/lameness
- Edema Ocular Neoplasia/Mass Chronic weight loss Cardiac
- Respiratory Anorexia Dermatological Production/performance Hematological/Hemorrhage
- Erosion/Vesicular Other _____ decline

Clinical/Differential Diagnosis: _____ Additional History: _____

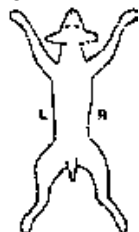
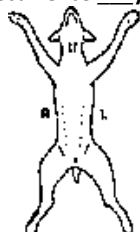
- Necropsy Exam Necropsy+Histopathology Necropsy+Histo with Laboratory Tests Abortion Panel Toxicology (additional fees)
- Biopsy FA Diarrhea panel-feces FA Diarrhea panel-tissues FA Respiratory panel

Mail-In Necropsy with Lab Tests *There may be an additional fee for MULTISYSTEMIC (enteric AND respiratory) exam of mail-in and necropsy specimens.*

*Duration _____ *Margins inked/Tagged? _____ *Treatment _____ When started/how long? _____

Response to therapy? yes no partially. If tumor, Size _____ Duration _____ Rate of growth slow fast

Recurrence yes no



Circle lesions mark "X" for biopsy locations



Sample type

- Tissue, Fresh Blood
- Tissue, Fixed Serum
- Feces Urine
- Other _____

Cytologic Exam—Label slides with animal ID & site. Pertinent clinical information: _____

Cytology - List site(s) _____

Circle Collection Method: Washes Aspirates Imprints Brushes Scrapings Other _____

Multiple Lymph Node Cytology (2-4 Lymph Nodes) – List site(s) _____

Fluid Analysis, including Cytology – Send Fluid in an EDTA tube along with slides **CSF Analysis** – Call for instructions

Circle fluid type: Pleural Peritoneal Synovial Pericardial **Bronchoalveolar Lavage** -- Send Fluid in an EDTA tube along with slides

Bacteriology Feces Swab from _____ Tissue from _____ Urine: Cystocentesis Free Catch Other _____

Aerobic bacterial culture with up to 3 susceptibilities (fixed price and MUST select before tests run)

- Aerobic culture Anaerobic culture Antimicrobial susceptibility Enteric screen (bovine, canine, porcine) Fungal culture Abortion screen
- Blood culture Salmonella Johne's culture Johne's direct PCR fecal Tritrichomonas foetus PCR or culture
- Other _____ Treated with antibiotics recently? Y/N Antibiotic used, when, and last dose _____

Toxicology Feed Blood Serum Fresh Tissue Other _____ Consult Toxicologist

- Aflatoxin in milk and liver Ammonia Calcium serum; ocular fluid Cholinesterase activity whole blood, brain Copper Ergot Alkaloids in feedstuffs
- Ergot/Fescue Alkaloids in feedstuff Lead Magnesium serum and ocular fluid Mycotoxin Screen Nitrate –feed –ocular
- Rumen pH (included with necropsy) Vitamin E Other _____

Rabies testing: Brain only Entire body with brain removal & carcass disposal [send out] Chronic Wasting Disease (CWD) [send out]

Lab use only Cold Pac Frozen None Room Temp. **Sample Condition** Broken Leaked Other _____

**Clients submitting specimens are considered to have agreed to VMDL testing procedures, policies and fees (view at: <http://www.vmdl.missouri.edu>).

Specimens become the property of the VMDL.

Tube/Name/No.	Species	Breed	Sex	Age	Tube/Name/No.	Species	Breed	Sex	Age
1					3				
2					4				

PCR Panels

Bovine Enteric : Bovine Coronavirus, Rotavirus and BVD I & II
Bovine Pink Eye : IBR, *Mycoplasma bovis*, *Mycoplasma bovoculi*
Bovine Respiratory : BVD I & II, BRSV, PI3, IBR
Canine Respiratory Panel : Canine Distemper Virus, Influenza A, Canine Adenovirus
Equine Enteric : *Salmonella*, *Lawsonia*, Potomac Horse Fever (EDTA blood and feces)
Equine Enteric: plus *Clostridium difficile* toxin A&B ELISA and *Clostridium perfringens* ELISA (call for instruction)
Porcine Enteric 1 (young pigs) Delta Coronavirus, PEDV, Rotavirus A, TGEV
Porcine Enteric 2 (older pigs) *Brachyspira spp.*, *Lawsonia intracellularis*, *Salmonella spp.*
Porcine Respiratory : PRRSV, PCV2 Influenza A *Mycoplasma hyopneumoniae*

Serology (1 ml serum, redtop or separator tube) PCR/Virology (EDTA whole blood, CNS fluid, swabs, tissue, feces or as noted)

Anaplasma phagocytophilum(K9, Fel) IFA PCR
 Anaplasmosis ELISA PCR
 Aspergillosis AGID
 Blastomycosis AGID
 Blastomycosis and Histoplasmosis AGID
 Bluetongue ELISA PCR
Borrelia burgdorferi (Lyme Dz) IFA PCR
 Bovine Coronavirus PCR
 Bovine Leukosis ELISA PCR (EDTA blood)
 Bovine Respiratory Syncytial Virus PCR
Brucella canis Card
BVD (Bovine viral diarrhea) testing options:
 IHC (up to 6 **fixed** ear notches per slide)
 Herd screen serum or **fresh** ear notch ELISA
 PCR (tissues, feces or EDTA blood)
 Serum neutralization (serum)
Brachyspira spp. PCR
Brucella Card
 Canine Coronavirus PCR
 Canine Distemper IgG antibody (IFA)
 IgM (IFA) PCR
 Canine Distemper Parvo Titer ELISA
 Canine Heartworm ELISA
 Canine Parvovirus IgG antibody IgM antibody PCR
Chlamydomphila psittaci PCR
 Coccidiomycosis AGID
Cryptococcus Antibody Antigen-LA
Ehrlichia spp. IFA PCR
 Enteric virus Electron microscopy
 Equine Herpesvirus SN EHV 1&4 PCR
 Equine Infectious Anemia (EIA)
 Equine Viral Arteritis ELISA SN
 Epizootic Hemorrhagic Disease Virus (EHD) AGID PCR
 Feline Calicivirus Virus Isolation
 Feline Heartworm Antibody
 Feline Herpesvirus PCR
 Feline Infectious Peritonitis (FIP) IFA PCR
 FIV Antibody and FeLV Antigen – Snap test
 Feline Leukemia Virus – FA
 Histoplasmosis AGID
 Infect. Bovine Rhinotracheitis (IBR) SN PCR
 Influenza A PCR
 Johnes' ELISA (serum) PCR (feces)
Lawsonia intracellularis PCR
Leptospira MA (6 serovars) PCR
Mycoplasma PCR w/sequencing
Mycoplasma bovoculi PCR
Mycoplasma hyopneumoniae ELISA PCR
Neospora ELISA
 Parainfluenza 3 SN PCR
 Porcine Circovirus (PCV2) PCR
 Porcine Epidemic Diarrhea Virus (PEDV) PCR
 PRRSV ELISA PCR
 Potomac Horse Fever PCR (feces, EDTA)
 Pseudorabies (PRV) ELISA PRV & Brucella
R. rickettsii (RMSF) IFA PCR
 Rotavirus A PCR
Salmonella PCR
 Small Ruminant Lentivirus CAE & OPP ELISA
 Swine Influenza ELISA PCR
 Tick panel: *A. phagocytophilum*, *B. burgdorferi*, *E. canis*, and *R. rickettsii*
 IFA-serum PCR EDTA
 Toxoplasma (feline) IFA PCR
 Toxoplasma (all species) PCR
 TGEV/Porcine respiratory coronavirus PCR
 SN
Trichomonas foetus PCR
 (InPouch within 48 hours)
 Vesicular Stomatitis SN
 West Nile IgM (equine only) ELISA
 West Nile PCR
Other

Clinical Pathology must provide Date Sample Taken _____

<p>Chemistry – centrifuge and remove serum/plasma into a separate tube Specimen type: <input type="checkbox"/> Serum <input type="checkbox"/> Plasma <input type="checkbox"/> Urine <input type="checkbox"/> Other _____ <input type="checkbox"/> MAXI Profile <input type="checkbox"/> MINI Profile <input type="checkbox"/> RENAL Profile <input type="checkbox"/> LIVER Profile <input type="checkbox"/> Bile Acid Single <input type="checkbox"/> Foal IgG <input type="checkbox"/> Electrolyte and Mineral Panel <input type="checkbox"/> Urine Protein/Creatinine <input type="checkbox"/> Other _____</p> <p>Coagulation—CALL for instructions <input type="checkbox"/> PT <input type="checkbox"/> PTT</p>	<p>Hematology <input type="checkbox"/> CBC (small animal) - Submit EDTA tube & smears (includes fibrinogen in large animals) <input type="checkbox"/> CBC (large animal) - Submit EDTA tube & smears (includes fibrinogen) <input type="checkbox"/> Fibrinogen <input type="checkbox"/> Knott's test <input type="checkbox"/> Coombs' Test <input type="checkbox"/> Smear Exam for _____ <input type="checkbox"/> Other _____</p> <p>Bone Marrow - submit concurrent CBC or send recent CBC report <input type="checkbox"/> Bone Marrow Aspirate <input type="checkbox"/> Bone Marrow Core Biopsy</p> <p>Fecal Examination <input type="checkbox"/> Flotation <input type="checkbox"/> Fecal Occult Blood <input type="checkbox"/> <i>Cryptosporidium</i> <input type="checkbox"/> Baermann <input type="checkbox"/> Direct Fecal Exam Other (specify) _____</p>	<p>Urinalysis (For Courier/ Local Samples Only) <input type="checkbox"/> Voided <input type="checkbox"/> Cystocentesis <input type="checkbox"/> Catheter <input type="checkbox"/> Off Floor <input type="checkbox"/> Complete UA <input type="checkbox"/> UA w/o Sediment Exam <input type="checkbox"/> Other (specify) _____</p> <p>Endocrinology <input type="checkbox"/> Total T4 <input type="checkbox"/> TSH (canine) <input type="checkbox"/> Cortisol – Single <input type="checkbox"/> ACTH Stimulation – 2 sample <input type="checkbox"/> Dexamethasone Suppression -- 2 Sample <input type="checkbox"/> Dexamethasone Suppression -- 3 Sample <input type="checkbox"/> Progesterone (1 mL serum) <input type="checkbox"/> Endogenous ACTH (1 mL EDTA Plasma) (Equine)</p>
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