CVM Veterinary Medical Diagnostic Laboratory Food Animal Submission Form

1-800-UMC-VMDL 800-862-8635 Fax 573-882-1411 www.vmdl.missouri.edu

FedEx/UPS Address
VMDL, 901 E. Campus Loop, Columbia, MO 65211

US Postal Service Address
VMDL, PO Box 6023, Columbia, MO 65205

CLIENT INFORMATION

SUBMITTING VETERINARIAN		OWNER/PRODUCER	
Name		Name	
Account #		Account #	
Clinic/Company		Clinic/Company	
Street Address		Street Address	
City, State, Zip		City, State, Zip	
Phone #/Fax #		Premises ID	
E-mail Address		**SEND REPORTS VIA:** ☐ Fax ☐ E-mail ☐ Both	

SAMPLE/PATIENT INFORMATION

Animal Name/ID/Tag		Age	☐ Days ☐ Months ☐ Years
Species *Required Field*		Sex	☐ M ☐ F ☐ MC ☐ FS
Breed		Weight	☐ lb ☐ kg
Date Sample Collected		Date Sample Sent	

ADDITIONAL LINES FOR MULTIPLE ANIMAL SUBMISSIONS

	Name/ID	Species	Breed	Sex	Age		Name/ID	Species	Breed	Sex	Age
1						3					
2						4					

SAMPLE TYPE

☐ Fixed Tissue(s)	☐ Whole Blood	☐ Plasma	☐ Swab(s) Type:	☐ Feed
☐ Fresh Tissue(s)	☐ Clotted Blood	☐ Slide(s)	☐ Fluid Type:	☐ Other
☐ Whole Animal(s)	☐ Serum	☐ Feces	☐ Urine ☐ Cysto ☐ Cath ☐ Voided	

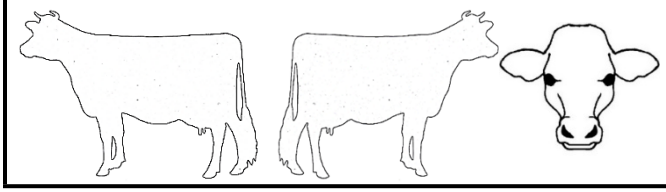
HISTORY/CLINICAL INFORMATION

Clinical/Differential Diagnosis:

History (use additional sheets, if needed):
Please include clinical signs, onset and duration of illness, vaccination status, treatment, herd/flock information, new introductions, etc.

LESION INFORMATION

Location (please mark below):



History:

Size/Description/Duration:

Treatment :

Response: ☐ Yes ☐ No ☐ Partial

Rate of growth: ☐ Slow ☐ Fast

Recurrence? ☐ Yes ☐ No

Margins inked or tagged? ☐ Yes ☐ No Orientation:_____

CYTOLOGY/FLUID

☐ Cytology Exam- List site(s) above	☐ Multiple Lymph Node Cytology (up to 4)	☐ Multiple Synovial Fluid Cytology (slides
☐ Bone Marrow Aspirate	☐ Bone Marrow Biopsy (for either, include CBC report or submit blood and blood film for concurrent CBC)	
☐ Fluid Analysis (submit prepared slides and fluid sample) - ☐ Peritoneal ☐ Pleural ☐ Pericardial ☐ BAL ☐ Tracheal Wash ☐ Synovial		
☐ CSF Analysis (see instructions on website or call lab)	☐ Other fluid for cytology (include slides and fluid) Site:_____	

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

PATHOLOGY

☐ Necropsy and Histopathology	☐ Necropsy, Histopathology, and Labs	☐ CWD IHC	☐ BVD IHC	☐ Biopsy/Histopathology
☐ Abortion Panel	☐ Food Animal Diarrhea Panel (☐ Feces or ☐ Tissue)	☐ Fresh and Fixed Tissue Exam	☐ Food Animal Resp.	

Other testing not listed:

BACTERIOLOGY

☐ Aerobic Culture	☐ Aerobic & Anaerobic Culture	☐ Abortion Screen	☐ Enteric Screen	☐ Antimicrobial Susceptibility
☐ *Listeria* Culture	☐ Fungal Culture- Dermatophyte	☐ Fungal Culture- Systemic		
☐ Mastitis Milk Culture	☐ Mastitis Susceptibility Test	☐ *Salmonella* Culture (including serotyping)		
☐ Aerobic Culture + up to 3 susceptibilities	☐ Aerobic and Anaerobic Culture + up to 3 susceptibilities			

Other testing not listed:

TOXICOLOGY

☐ Aflatoxin	☐ Cyanide/Prussic Acid	☐ Copper	☐ Ergot Alkaloids in Feedstuffs	☐ Ergot/Fescue	☐ Lead
☐ Mycotoxin Screen (Feedstuffs)	☐ Nitrate (ocular fluid, feed)	☐ ICP-OES Metals in Serum/Plasma, Liver, Kidney		☐ Tox Consult	

Other testing not listed:

*** Please note: This form does not include all of the testing performed by the MU VMDL. Consult our fee guide for additional information.***

SEROLOGY

☐ *A. marginale*	☐ Bluetongue	☐ BLV ELISA	☐ BRSV SN	☐ BVD SN (Type 1 ☐ or Type 2	☐ BVD Antigen Capture ELISA
☐ *Brucella* card	☐ *Brucella* + Pseudorabies ELISA	☐ CAE/OPP ELISA	☐ Caseous Lymphadenitis ELISA	☐ EHD AGID	☐ IBR SN
☐ Johne's ELISA	☐ *Leptospira* MAT	☐ *M. hyopneumoniae*	☐ *Neospora caninum* ELISA	☐ PI3 SN	
☐ PRRS ELISA	☐ SIV ELISA	☐ TGE SN	☐ Small ruminant health panel (CL/CAE/Johnes)		

Other testing not listed:

MOLECULAR

☐ Bovine Enteric Panel	☐ Bovine Respiratory Panel	☐ Bovine Pink Eye Panel	☐ Bovine Abortion Panel	☐ Porcine Respiratory Panel	☐ Porcine Enteric Panel (☐ #1 or ☐ #2)

INDIVIDUAL PCR TESTS

☐ *A. marginale*	☐ Bluetongue	☐ BLV	☐ Parainfluenza 3	☐ BRSV	☐ BVD	☐ *Brachyspira*
☐ *Chlamydophila*	☐ EHD	☐ IBR	☐ Influenza A	☐ Johne's- indiv.	☐ Johne's- pool	☐ *Lawsonia*
☐ *Leptospira* spp.	☐ *M. hyo.*	☐ *N. caninum*	☐ PCV2	☐ PEDV	☐ PRRSV	☐ Rotavirus A
☐ *Salmonella*	☐ *Toxoplasma*	☐ *Theileria*	☐ *Tritrichomonas foetus*- individual		☐ *Tritrichomonas foetus*- pool	

Other testing not listed:

CLINICAL PATHOLOGY

HEMATOLOGY

☐ CBC- Large Animal (+ fibrinogen)	☐ Blood Parasite Exam	☐ Comprehensive Blood Smear Exam

CHEMISTRY

☐ MAXI Panel	☐ MINI Panel	☐ Renal Panel	☐ Liver Panel	☐ Electrolyte and Mineral Panel

ENDOCRINOLOGY	**URINALYSIS**
☐ Progesterone	☐ Complete UA ☐ Urine Protein/Creat.

PARASITOLOGY

☐ Fecal Egg Count	☐ Baermann	☐ *Crypto.* smear	☐ Fecal Flotation	☐ *Crypto. parvum*

Other testing not listed: