CVM Veterinary Medical Diagnostic Laboratory Small 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 #		Street Address	
Clinic/Company		City, State, Zip	
Street Address		Phone #	
City, State, Zip		E-mail Address	
Phone #/Fax #		Other	
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	

SAMPLE TYPE

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

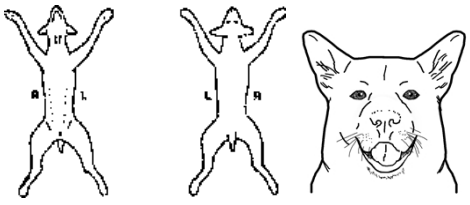
HISTORY/CLINICAL INFORMATION

Clinical/Differential Diagnosis:

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

LESION INFORMATION

Location (please mark):



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 only)
☐ 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 with Histopathology		☐ Necropsy, Histopathology, and Labs	☐ Biopsy/Histopathology
☐ Abortion Panel	☐ Fresh and Fixed Tissue Exam	☐ Diarrhea Panel (☐ Feces or ☐ Tissue)	☐ Fixed Tissue Exam (from necropsy)
Other testing not listed:			

BACTERIOLOGY *Please indicate type of antimicrobial therapy and date of last dose in history/clinical information section (above)*

☐ Aerobic Culture	☐ Aerobic and Anaerobic Culture	☐ Antimicrobial Susceptibility	☐ Enteric Screen	☐ Abortion Screen
☐ Fungal Culture- Dermatophyte	☐ Fungal Culture- Systemic		☐ Blood or Sterile Site Fluid Culture	
☐ Aerobic Culture + up to 3 susceptibilities	☐ Aerobic and Anaerobic Culture + up to 3 susceptibilities			
Other testing not listed:				

TOXICOLOGY

☐ Copper	☐ GC/MS Screen	☐ Lead	☐ Mycotoxin Screen	☐ ICP-OES Metals in Plasma/Serum/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

SMALL ANIMAL SEROLOGY TESTS	
☐ *Anaplasma phagocytophilum* IFA	☐ *Aspergillus* spp. AGID
☐ *Blastomyces* AGID	☐ *Blastomyces/Histoplasma* AGID
☐ *Borrelia burgdorferi* IFA	☐ *Brucella canis* Ab Test
☐ Canine Distemper (☐ IgG, ☐ IgM) IFA	☐ Canine Parvo. ((☐ IgG, ☐ IgM) IFA
☐ Heartworm Antigen ELISA	☐ *Coccidioides* AGID
☐ CDV/CPV Vaccine Titer ELISA	☐ *Cryptococcus neoformans* Antigen
☐ *Crypto parvum* and *Giardia* FA	☐ *Ehrlichia canis* IFA
☐ FIV/FeLV/*Dirofilaria immitis* Snap Test	☐ FeLV IFA
☐ FIP IFA	☐ Leptospirosis MAT (6 Serovars)
☐ *Histoplasma capsulatum* AGID	☐ *R. rickettsii* (RMSF) IFA
☐ *Neospora caninum* ELISA	☐ *T. gondii* ELISA
☐ Tick Panel IFA (*A. phagocytophilum, B. burgdorferi, E. canis, R. rickettsii*)	
Other testing not listed:	

MOLECULAR

DIAGNOSTIC PCR PANELS	
☐ Canine Viral Respiratory Panel	☐ Canine Enteric Panel
☐ Feline Respiratory Panel (*Chlamydophila*, Calicivirus, Herpesvirus, *Mycoplasma*)	
☐ Tick Panel (*Anaplasma* spp, *Borrelia burgdorferi, Ehrlichia* spp, *Rickettsia* spp) *If individual pathogen tests are requested, please indicate by circling above.*	
INDIVIDUAL PCR TESTS	
☐ Canine Distemper Virus	☐ Canine Herpesvirus
☐ Feline Calicivirus	☐ Feline Herpesvirus
☐ FIP (Feline Enteric Coronavirus)	☐ Parvovirus (Canine/Feline)
☐ *Leptospira* spp.	☐ *Mycoplasma* + sequencing
☐ *Neospora caninum*	☐ *Salmonella*
☐ *Toxoplasma gondii*	☐ *Tritrichomonas foetus*- Feline
Other testing not listed:	

CLINICAL PATHOLOGY

HEMATOLOGY			
☐ CBC- Small Animal		☐ Blood Parasite Exam	
☐ CBC + Plasma TP		☐ Comprehensive Smear Exam	
☐ Knott's Test		☐ Coombs (canine)	
CHEMISTRY			
☐ Maxi Panel		☐ Mini Panel	
☐ Renal Panel		☐ Bile Acid	
☐ Liver Panel		☐ Phenobarbital Level	
COAGULATION			
☐ PT	☐ PTT	☐ D-Dimer	☐ Fibrinogen
☐ PT, PTT, D-Dimer		☐ PT, PTT, D-Dimer, Fibrinogen	
ENDOCRINOLOGY			
☐ Total T4		☐ T4 & TSH (canine)	
☐ FT4 - canine/feline		☐ FT4 & TSH (canine)	
☐ T4, FT4, TSH (canine)		☐ Progesterone	
☐ ACTH Stimulation		☐ Cortisol (single)	
☐ Dexamethasone Suppression (☐ 2 or ☐ 3 sample)			
☐ Urine Cortisol/Creatinine Ratio			
URINALYSIS			
☐ Complete UA		☐ Urine Protein/Creat.	
Other testing not listed:			

PARASITOLOGY	
☐ Fecal Flotation	☐ Fecal Occult Blood
☐ *Cryptosporidium parvum* and *Giardia* FA	
Other testing not listed:	