CVM Veterinary Medical Diagnostic Laboratory Submission Form

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

FedEx/UPS Address

US Postal Service Address

VMDL, 901 E. Campus Loop, Columbia, MO 65211

VMDL, PO Box 6023, Columbia, MO 65205

CLIENT INFORMA	TION									
SUBMITTING VETERINARIAN					OWNER/PRODUCER					
Name					Name					
Account #					Street Address					
Clinic/Company					City, State, Zip					
Street Address	eet Address									
City, State, Zip					E-mail Address					
Phone #/Fax #					Premises ID					
E-mail Address					SEND REPORTS VIA: ☐ Fax ☐ E-mail ☐ Both					
SAMPLE/PATIENT	INFORMATI	ION								
Animal Name/ID/Ta	g				Age □ D		□ Day	ays Months Years		
Species Required Field					Sex		□ M □ F	□мс	□ FS	
Breed					Weight				□ lb □ kg	
Date Sample Collecte	ole Collected				Date Sample Sent					
				SAMPL	E TYPE					
☐ Fixed Tissue(s)	☐ Whole	Blood	□P	Plasma	☐ Swab(s) Typ	oe:		☐ Feed	d	
☐ Fresh Tissue(s)	Fresh Tissue(s)		□s	lide(s) Fluid Type:				☐ Other		
☐ Whole Animal(s) ☐ Serum		□F	eces	☐ Urine ☐ Cysto ☐ Cath ☐ Voided			List:			
HISTORY/CLINICA	L INFORMAT	ΓΙΟΝ						•		
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 INFO	ORMATION					
Location (please mark		History:								
				Size/Description/Duration: Treatment: Description Desc						
							Response: 🗆 Yes 🗆 No 🗆 Partial			
				Rate of growth: ☐ Slow ☐ Fast ☐ Recurrence? ☐ Yes ☐ Margins inked or tagged? ☐ Yes ☐ No Orientation:				s □ No		
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:										
ab use only: ☐ Cold Pac ☐ Frozen ☐ None ☐ Room Temp. Sample Condition ☐ Broken ☐ Leaked ☐ Other										

TIER IV DOCUMENT	Γ ID & TITLE: VMDL-F-0	University of Missouri 54 Submission Form	– Veterin	ary Medic	al Diagno	ostic Labora	cory			
□ Necropsy and Histopathology □ Necropsy, Histopathology, and Labs □ CWD IHC □ BVD IHC □ Biopsy/Histopathology										
☐ Abortion Panel		a Panel (☐ Feces or ☐		-			ed Tissue Exam		ssue Exam	
Other testing not li		a raner (E reces or E	1133467			on and make	tu 11350C Exam	ППХССТ	Sac Exam	
BACTERIOLOGY	*Please indicate type	of antimicrobial therapy a	nd date o	of last do	se in hist	tory/clinica	l information se	ction (above)*		
☐ Aerobic Culture	ure	een 🗆 Enteric Scr			een Antimicrobial Susceptibility Fluid Culture					
☐ Fungal Culture	+ up to 3 susceptibilitie	to 3 susceptibilities			bic and Anaerobic Culture + up to 3 susceptibilities					
Other testing not listed:										
TOXICOLOGY										
☐ Aflatoxin ☐ (Copper Cyanide	e ☐ Ergot Alkaloid	ls in Fee	in Feedstuffs			Ergot/Fescue Alkaloids in Feedstuffs			
,	Lead	xin	r fluid, f	luid, feed) 🗆 ICP-O			OES Metals in Serum/Plasma, Liver, Kidney 🛭 🗆 Vitamii			
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	orm ades not merade	an or the testing perio	inca b	y the ivit	O VIVIDI		CAL PATHOL		mormation.	
SMALL ANIMAL		LARGE ANIMAL	LARGE ANIMAL			HEMAT	OLOGY			
☐ Blastomyces	☐ <i>Borrelia/</i> Lyme	☐ A. marginale	□ Blu	☐ Bluetongue		□ СВС-	Small	☐ Blood Parasite Exam		
☐ Brucella canis	☐ CDV IgG IFA	☐ BLV ELISA	☐ BRSV SN			Animal	. DI TO			
☐ CDV IgM IFA	☐ CPV IgG IFA	☐ BVD SN	☐ BVD ACE				+ Plasma TP	☐ Comprehensive Smear Exam		
☐ CPV IgM IFA	☐ HW ELISA	☐ Brucella abortus	☐ CAE/OPP			☐ Coombs (canine)		☐ CBC+Fibrinogen (heat prec.)		
☐ Canine Distemper	r/Parvo Vaccine	☐ Caseous	□ ЕНІ	☐ EHD AGID		CHEMISTRY				
Titer ELISA		Lymphadenitis (CL)				⊔ MAX	MAXI Panel			
☐ Coccidioides AGID	□ Crypto. & Giardia FA	☐ EIA ELISA (include VS form)	☐ EIA AGID (include VS form)		(m)	☐ Rena	ıl Panel	☐ Bile Acid		
☐ Cryptococcus	☐ Ehrlichia canis	☐ Equine	☐ IBR SN		····,	☐ Elect	rolyte Panel	☐ Critical Care Profile		
Antigen LA	IFA	Herpesvirus SN				☐ Liver Panel		☐ Foal IgG Snap		
☐ FIP IFA	☐ FIV/FeLV Snap	☐ Johne's ELISA	□ Lep	otospira ((6)	COAGU	LATION		T	
☐ FeLV IFA	☐ Histoplasma	☐ <i>N. caninum</i> ELISA	☐ PI3	SN		☐ PT	☐ PTT	☐ D-Dimer	☐ Fibrinogen	
☐ Leptospira (6)	☐ Tick Panel	☐ PRRSV ELISA	☐ Pse	eudorabi	es		TT, D-Dimer	☐ PT, PTT, D	-Dimer, Fibrinogen	
☐ <i>T. gondii</i> ELISA		☐ SIV ELISA	□We	est Nile I						
Other testing not listed:							☐ Total T4		☐ T4 & TSH (canine)	
MOLECULAR						☐ FT4		☐ FT4 & TSH (canine)		
DIAGNOSTIC PCR PA							esterone	☐ T4, FT4, TSH (canine)		
☐ Bovine Enteric	☐ Bovine Resp.	☐ Bovine Pink Eye	1		ine Resp. ☐ ACTH Stim.			☐ Cortisol (single)		
☐ Porcine Enteric(☐	」1 or	☐ Equine Enteric (☐ I	T T	·			☐ Dexamethasone Suppression (☐ 2 or ☐ 3 sample)			
· ·		☐ Feline Resp.	☐ Tic	Tick Panel		☐ Ende	o. ACTH (eq.)	☐ Insulin/Glucose (equine)		
SMALL ANIMAL		LARGE ANIMAL				URINAI	YSIS			
□ CDV	□ CPV	☐ A. marginale	☐ Bluetongue		!	☐ Com	☐ Complete UA ☐ Urine Protein/Creat.		ein/Creat.	
☐ Feline Calicivirus	☐ Feline	☐ Bovine Leukosis	☐ BRSV			PARASITOLOGY				
☐ FIP (FECV)			□ IBR			☐ Fecal Flotation		☐ Fecal Occult Blood		
☐ Leptospira	☐ Mycoplasma	☐ Johne's (feces)		tospira :	spp.	☐ Feca	l Egg Count	t		
☐ N. caninum	☐ Salmonella			Theileria		☐ Cryp	☐ <i>Crypto.</i> Smear ☐ <i>Crypto.</i> and <i>Giardia</i>			
☐ Tritrichomonas foetus (Feline) ☐ Tritrichomonas foetus (Bovine) Other testing not listed:										
Other testing not list		, , , , , , , , , , , , , , , , , , , ,	•	•	\neg					