

CVM Veterinary Medical Diagnostic Laboratory Small Animal 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 _____
Phone _____ Fax _____
Veterinarian _____
Clinic _____
Address _____
City _____ State _____ Zip _____

Date Sample Taken _____ **Date Sent** _____
Owner _____
Address _____
City _____ State _____ Zip _____
Phone _____ Bill Owner _____

Animal Name/ID _____ **Species** _____ **Breed** _____ **Sex** _____ **Age** _____ **Weight** _____
No. in Group _____ Sick _____ Dead _____ New introductions? _____ Date Introduced _____ Date noticed sick _____
Euthanized? _____ Method of euthanasia _____ Time/ Date of Death _____ Lab results available? _____

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

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

Clinical/Differential Diagnosis _____ **Additional History** _____

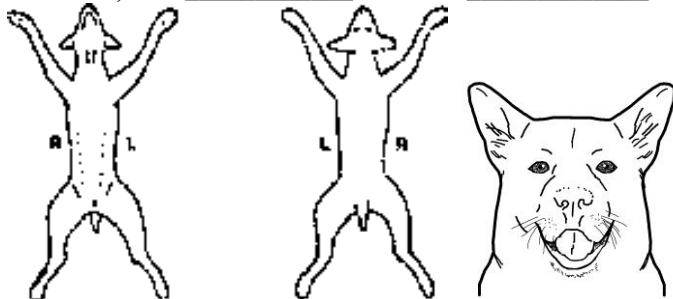
- Necropsy Exam
- Necropsy+Histopathology
- Necropsy+Histo with Laboratory Tests
- Biopsy
- Mail-In Necropsy with Lab Tests
- Toxicology (additional fees)
- Abortion Panel

If skin biopsy, (circle all applicable) erythema, pruritus, macules, papules, pustules, ulceration, crusts, hyperkeratosis, scales, alopecia, lichenification, hyperpigmentation, depigmentation, excoriation, **other** _____

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

Cytologic Exam—Label slides with animal ID & site

Pertinent clinical information _____

Cytology -- Please list site(s) _____

Circle Collection Method: Washes Aspirates Imprints Brushes Scrapings Other _____

Multiple Lymph Node Cytology (2-4 Lymph Nodes) – Please list sites _____

Fluid Analysis, including Cytology – Send Fluid in an EDTA tube along with slides Circle fluid type: Pleural Peritoneal Synovial Pericardial

CSF Analysis – Call for instructions **Bronchoalveolar Lavage** -- Send Fluid in an EDTA tube along with slides

Bacteriology/Mycology 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 Blood culture Enteric screen Fungal culture *Salmonella* Other _____ Treated with antibiotics recently? Y / N Antibiotic used, when, and last dose _____

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

All tests not listed. Call the VMDL 1-800-862-8635, or refer to www.vmdl.missouri.edu for more information.

Toxicology Pet Food Blood Serum Fresh Tissue Other _____ Consult Toxicologist
 Lead Copper Mycotoxin Screen Ergot Alkaloids Chemical Analysis of Stomach Contents Other _____

Canine Respiratory Panel : Canine Distemper Virus, Influenza A and Canine Adenovirus

Rabies testing: Brain only Entire body with brain removal and carcass disposal [send out test]

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

- | | |
|--|--|
| <p><i>A.phagocytophilum</i> <input type="checkbox"/> IFA <input type="checkbox"/> PCR
 Blastomycosis <input type="checkbox"/> AGID
 Blastomycosis and Histoplasmosis <input type="checkbox"/> AGID
 <i>Borrelia burgdorferi</i> (Lyme Dz) <input type="checkbox"/> IFA <input type="checkbox"/> PCR
 <i>Brucella canis</i> <input type="checkbox"/> Card
 Canine Coronavirus <input type="checkbox"/> PCR
 Canine Distemper <input type="checkbox"/> IgG antibody (IFA) <input type="checkbox"/> IgM (IFA) <input type="checkbox"/> PCR
 Canine Distemper Parvo Titer <input type="checkbox"/> ELISA
 Canine Heartworm <input type="checkbox"/> ELISA
 Canine Parvovirus <input type="checkbox"/> IgG antibody <input type="checkbox"/> IgM antibody <input type="checkbox"/> PCR
 <i>Chlamydophila psittaci</i> <input type="checkbox"/> PCR
 Coccidiomycosis <input type="checkbox"/> AGID
 <i>Cryptococcus</i> <input type="checkbox"/> Antibody <input type="checkbox"/> Antigen-LA
 <i>Ehrlichia spp.</i> <input type="checkbox"/> IFA <input type="checkbox"/> PCR
 Feline Calicivirus <input type="checkbox"/> Virus Isolation
 Feline Heartworm Antibody <input type="checkbox"/> ELISA
 Feline Herpesvirus <input type="checkbox"/> PCR</p> | <p>Feline Infectious Peritonitis (FIP) <input type="checkbox"/> IFA <input type="checkbox"/> PCR
 FIV Antibody and FeLV Antigen – <input type="checkbox"/> Snap test
 Feline Leukemia Virus (Bone marrow, spleen, EDTA whole blood) <input type="checkbox"/> FA
 Histoplasmosis <input type="checkbox"/> AGID
 Influenza A <input type="checkbox"/> PCR
 <i>Leptospira</i> <input type="checkbox"/> MA (6 serovars) <input type="checkbox"/> PCR
 <i>R.rickettsii</i> (RMSF) <input type="checkbox"/> IFA <input type="checkbox"/> PCR
 <i>Salmonella</i> <input type="checkbox"/> PCR
 Tick Panel: <i>A. phagocytophilum</i>, <i>B. burgdorferi</i>,
 <i>E. canis</i>, and <i>R. rickettsii</i> <input type="checkbox"/> IFA <input type="checkbox"/> PCR (EDTA)
 Toxoplasma (feline) <input type="checkbox"/> IFA <input type="checkbox"/> PCR
 Toxoplasma (all species) <input type="checkbox"/> PCR
 West Nile (equine) <input type="checkbox"/> IgM ELISA
 West Nile Virus <input type="checkbox"/> PCR
 Other _____</p> |
|--|--|

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"/> Bile Acid Pre and Post <input type="checkbox"/> Urine Protein/Creatinine <input type="checkbox"/> Other _____</p> <p>Coagulation—CALL for instruction <input type="checkbox"/> PT <input type="checkbox"/> PTT</p>	<p>Hematology <input type="checkbox"/> CBC - Submit EDTA tube & smears <input type="checkbox"/> Smear Exam for _____ <input type="checkbox"/> Knott's test <input type="checkbox"/> Coombs' Test <input type="checkbox"/> Other _____ 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"/> Direct Fecal Exam <input type="checkbox"/> Baermann Other (specify) _____</p>	<p>Endocrinology (1 mL serum) <input type="checkbox"/> Progesterone <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</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>
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Important reminders:

*Please, label all specimens with the tissues present.

*BIOPSY: Tissues should be fixed for 24 hours in a formalin solution of 10:1 tissue volume and then transferred to a smaller container with formalin for shipping.

*Fresh/Fixed: Please, place the fresh tissues in a separate, sealable container to prevent formalin fumes from affecting culture results

*PCR tissues: fresh in whirl packs, EDTA(purple top), whole blood (red top), CNS fluid, swabs, or as noted

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.