

CVM Veterinary Medical Diagnostic Laboratory

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

Courier Address

www.vmdl.missouri.edu

US Mail Address

VMDL, 1600 E. Rollins, Columbia, MO 65211

VMDL, PO Box 6023, Columbia, MO 65205

Acct No _____ Fax or Email _____ DATE SAMPLE TAKEN _____ Date Sent _____
 Phone _____ Fax _____ Owner _____
 Veterinarian _____ Address _____
 Clinic _____ City _____ State _____ Zip _____
 Address _____ Phone _____
 City _____ State _____ Zip _____ Third Party _____ Bill: Vet ___ Owner ___

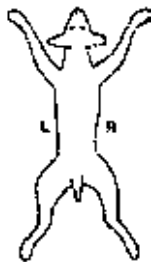
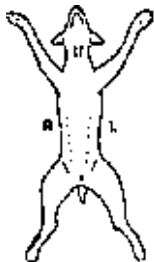
Animal Name/ID _____ Species _____ Breed _____ Sex _____ Age _____ Weight _____

No. in Group _____ Sick _____ Dead _____ Raised on Premises? _____ If purchased, when? _____ New introductions? _____
 Date Introduced _____ Date noticed sick _____ Euthanized? _____ Time/ Date of Death _____ Clinical signs, history, vaccinations, postmortem findings: _____

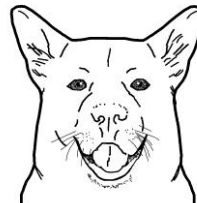
Field Diagnosis

Gross necropsy Necropsy/histopathology Necropsy/histopathology/labs Fixed & fresh tissue exam

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



Cytologic Exam—Label slides with animal ID & site Fluid Analysis, includes Cytologic Exam (Call for instruction)
 Washes Aspirates Imprints Brushes CSF Pleural Peritoneal Synovial Pericardial
 Scrapings Other (specify) _____
 Pertinent clinical information (source, lesion description) _____

Bacteriology Feces Swab from _____ Tissue from _____ Urine: ___ Cystocentesis ___ Free Catch Other _____
Mycology
 Aerobic culture Anaerobic culture Blood culture Enteric screen Johne's culture Johne's direct PCR fecal
 Antimicrobial susceptibility Fungal culture Salmonella Tritrichomonas foetus Culture PCR
 Other _____

Toxicology Feed ___ Blood ___ Serum ___ Fresh Tissue ___ Other _____ Consult Toxicologist
 Lead Copper Mycotoxin Screen Ergot Alkaloids Ergot/Fescue Alkaloids **Other** _____

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

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

Tube/Name/No.	Species	Breed	Sex	Age
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Tube/Name/No.	Species	Breed	Sex	Age
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

PCR Panels

- Bovine Enteric:** Bovine Coronavirus, Rotavirus A and C and BVD
- Bovine Respiratory:** BVD, Bovine Respiratory Syncytial Virus (BRSV), Bovine Parainfluenza (PI3), IBR and Mycoplasma bovis
- Canine Respiratory:** Canine Distemper Virus, Influenza A and 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 (EDTA blood and feces)
- Porcine Respiratory:** PRRSV, PCV2, Influenza A and Mycoplasma hyopneumoniae
- Tick-Borne Disease Panel:** Ehrlichia spp, Rickettsia spp. and Lyme (Borrelia burgdorferi)

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

- | | |
|--|---|
| <ul style="list-style-type: none"> Anaplasma phagocytophilia <input type="checkbox"/> IFA Anaplasmosis <input type="checkbox"/> ELISA <input type="checkbox"/> PCR Avian Influenza <input type="checkbox"/> PCR Avian Paramyxovirus <input type="checkbox"/> PCR Blastomycosis <input type="checkbox"/> AGID Bluetongue <input type="checkbox"/> ELISA <input type="checkbox"/> PCR Bovine Coronavirus <input type="checkbox"/> PCR Bovine Leukosis <input type="checkbox"/> ELISA <input type="checkbox"/> PCR (EDTA blood) Bovine Respiratory Syncytial Virus <input type="checkbox"/> IFA <input type="checkbox"/> PCR BVD (Bovine viral diarrhea) testing options: Immunohistochemistry (up to 6 fixed ear notches per slide) <input type="checkbox"/> Antigen capture ELISA (fresh ear notch or serum) <input type="checkbox"/> PCR (tissues, feces or EDTA blood) <input type="checkbox"/> Serum neutralization (serum) <input type="checkbox"/> Brucella abortus <input type="checkbox"/> Card Pseudorabies (PRV) <input type="checkbox"/> Card-no PRV Brucella canis <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 Heartworm <input type="checkbox"/> ELISA Canine Herpesvirus <input type="checkbox"/> PCR Canine Parvovirus <input type="checkbox"/> IgG antibody <input type="checkbox"/> IgM antibody <input type="checkbox"/> PCR Caprine Arthritis Encephalitis (CAE) <input type="checkbox"/> AGID <input type="checkbox"/> ELISA Chlamydia psittaci <input type="checkbox"/> PCR Cryptococcus <input type="checkbox"/> Antibody <input type="checkbox"/> Antigen-LA Ehrlichia spp. <input type="checkbox"/> IFA <input type="checkbox"/> PCR Enteric Virus <input type="checkbox"/> Electron Microscopy Epizootic Hemorrhagic Disease Virus (EHD) <input type="checkbox"/> AGID <input type="checkbox"/> PCR | <ul style="list-style-type: none"> Equine Herpesvirus <input type="checkbox"/> SN <input type="checkbox"/> EHV 1 and 4 PCR <input type="checkbox"/> EHV2 PCR Equine Infectious Anemia (EIA) <input type="checkbox"/> ELISA or AGID Equine Viral Arteritis <input type="checkbox"/> SN <input type="checkbox"/> PCR Feline Calicivirus <input type="checkbox"/> Virus Isolation Feline Heartworm Antibody <input type="checkbox"/> ELISA Feline Herpesvirus <input type="checkbox"/> PCR Feline Infectious Peritonitis (FIP) <input type="checkbox"/> IFA <input type="checkbox"/> PCR Herpesvirus <input type="checkbox"/> PCR Histoplasmosis <input type="checkbox"/> AGID Infectious Bovine Rhinotracheitis (IBR) <input type="checkbox"/> SN <input type="checkbox"/> PCR Influenza A <input type="checkbox"/> PCR Johne's <input type="checkbox"/> ELISA <input type="checkbox"/> PCR (fecal sample) Leptospira <input type="checkbox"/> MA (6 serovars) <input type="checkbox"/> PCR Mycoplasma <input type="checkbox"/> PCR Mycoplasma bovoculi <input type="checkbox"/> PCR Mycoplasma hyopneumoniae <input type="checkbox"/> ELISA <input type="checkbox"/> PCR Neospora <input type="checkbox"/> ELISA Porcine Circovirus (PCV2) <input type="checkbox"/> PCR Porcine Parvovirus <input type="checkbox"/> PCR PRRSV <input type="checkbox"/> ELISA <input type="checkbox"/> PCR Potomac Horse Fever <input type="checkbox"/> IFA <input type="checkbox"/> PCR Rotavirus <input type="checkbox"/> PCR Salmonella <input type="checkbox"/> PCR Toxoplasma <input type="checkbox"/> Serology <input type="checkbox"/> PCR Tritrichomonas foetus <input type="checkbox"/> PCR (InPouch within 48 hours) Vesicular Stomatitis <input type="checkbox"/> SN Other _____ |
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Clinical Pathology Must Provide Date Sample Taken _____

Chemistry

Specimen- NOT whole blood

- Serum Plasma Other _____
- MAXI Profile LIVER Profile
- MINI Profile RENAL Profile
- T4 (small animal) Other (specify) _____

Hematology (EDTA)

- CBC - Submit EDTA tube & smears
- Buffy Coat for _____
- Smear Exam for _____
- Other (specify) _____

Fecal Examination

- Flotation Other (specify) _____
- For Courier/ Local Samples Only**
- Voided Catheter Cysto. Off Floor
- Complete UA
- UA w/o Sediment Exam
- Coagulation—CALL for instructions**