**MULOGOBw.tif CVM Veterinary Medical Diagnostic Laboratory Food Animal Submission Form**

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

**Courier Address**  **US Mail Address**

VMDL, 810 E. Campus Loop, Columbia, MO 65211 VMDL, PO Box 6023, Columbia, MO 65205

Acct No **\_\_\_\_\_\_\_\_\_\_\_\_\_** □ Email **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Sample Taken** \_\_\_\_\_**\_\_\_\_ Date Sent \_\_\_\_\_\_\_\_**

Phone  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □** Fax **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Owner**\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Veterinarian**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinic \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_

**Animal Tag/ID**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Species** \_\_\_\_\_\_\_\_\_\_\_\_ **Breed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Sex**\_\_\_\_\_\_\_ **Age\_**\_\_\_\_\_**Weight**\_\_\_\_\_

# in Group \_\_\_\_\_\_ Sick \_\_\_\_ Dead \_\_\_ Raised on Premises? \_\_\_\_\_If purchased, when?\_\_\_\_\_\_\_\_\_\_ New introductions? \_\_\_\_ Date Introduced \_\_\_\_\_\_\_\_\_Date noticed sick \_\_\_\_\_\_\_\_ Euthanized? \_\_\_\_Method of euthanasia **\_\_\_\_\_\_**Time/ Date of Death \_\_\_\_\_\_

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

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

**Clinical/Differential Diagnosis\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Additonal History \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**□ Necropsy Exam □ Necropsy+Histopathology □ Necropsy+Histo with Laboratory Tests □ Toxicology (additional fees)**

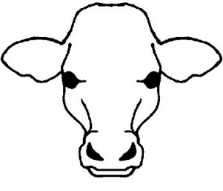
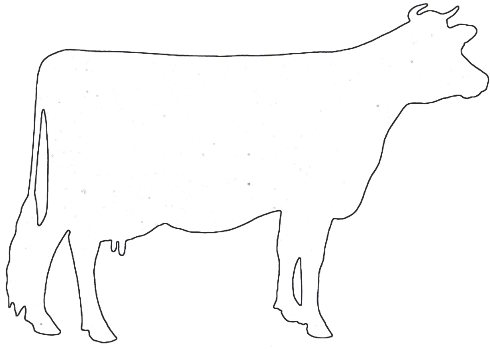
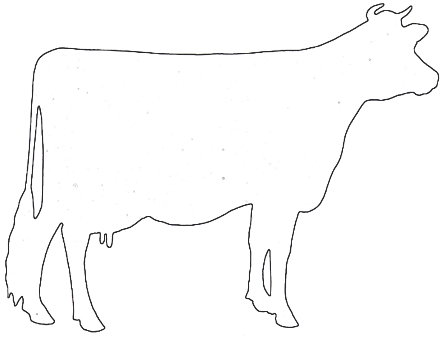
**□ Biopsy**  **□ Abortion Panel □ FA Diarrhea panel-feces □ FA Diarrhea panel–tissues □ FA Respiratory panel**

**□ Mail-In Necropsy with Lab Tests *\*There may be an additional fee for MULTISYSTEMIC (enteric AND respiratory) examinations of mail-in and necropsy specimens.***

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**

|  |  |
| --- | --- |
| **Check sample type** | |
| □Tissue, Fresh | □Blood |
| □Tissue, Fixed | □Serum |
| □Feces | □Urine |
| □Other\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Cytologic Exam—Label slides with animal ID & site**

Pertinent clinical information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ **Cytology** **--** **list site(s)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle Collection Method: Washes Aspirates Imprints Brushes Scrapings Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ **Multiple Lymph Node Cytology** (2-4 Lymph Nodes) – **list site(s)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ **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

□ Abortion screen □ *Salmonella* □ Johne’s culture □ Johne’s direct PCR fecal *Tritrichomonas foetus:* □ PCR or □ culture

Treated with antibiotics recently? Y/N Antibiotic used, when, and last dose\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Toxicology** □ Feed\_\_\_ □ Blood \_\_□ Serum\_\_ □ Fresh Tissue\_\_ □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Consult Toxicologist

□ Aflatoxin in milk and liver □ Ammonia □ Calcium serum; ocular fluid □ Cholinesterase activity whole blood, brain □ Copper

□ Ergot Alkaloids in feedstuffs □ Ergot/Fescue Alkaloids in feedstuff □ Lead □Magnesium serum and ocular fluid □ Mycotoxin Screen □ Nitrate □ Rumen pH (included with necropsy) □Vitamin E □ Other\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_**

**Tube/Name/No. Species Breed Sex Age Tube/Name/No. Species Breed Sex Age**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** |  |  |  |  |  |  | **9** |  |  |  |  |  |
| **2** |  |  |  |  |  |  | **10** |  |  |  |  |  |
| **3** |  |  |  |  |  |  | **11** |  |  |  |  |  |
| **4** |  |  |  |  |  |  | **12** |  |  |  |  |  |
| **5** |  |  |  |  |  |  | **13** |  |  |  |  |  |
| **6** |  |  |  |  |  |  | **14** |  |  |  |  |  |
| **7** |  |  |  |  |  |  | **15** |  |  |  |  |  |
| **8** |  |  |  |  |  |  | **16** |  |  |  |  |  |

**PCR Panels**

**Bovine Enteric :** Bovine Coronavirus, Rotavirus and BVDI and II □

**Bovine Respiratory :** BVD I and II, Bovine Respiratory Syncytial Virus (BRSV), Bovine Parainfluenza (PI3), IBR □

**Bovine Pink Eye :** IBR, *Mycoplasma bovis, Mycoplasma bovoculi* □

**Porcine Enteric I (young pigs):** Delta Coronavirus, PEDV, Rotavirus A, TGEV□

**Porcine Enteric 1I (older pigs):** *Brachyspira spp., Lawsonia intracellularis,* *Salmonella spp* □

**Porcine Respiratory :** PRRSV, PCV2, Influenza A and *Mycoplasma hyopneumoniae*□

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

Anaplasmosis □ ELISA □ PCR

Aspergillosis □ AGID

Bluetongue □ ELISA □ PCR

Bovine Coronavirus □ PCR

Bovine Leukosis □ ELISA □ PCR (EDTA blood)

Bovine Respiratory Syncytial Virus □ PCR

**BVD (Bovine viral diarrhea) testing options**:

IHC (up to 6 **fixed** ear notches per slide) □

BVD Antigen Capture ELISA serum/**fresh** ear notch □

PCR (tissues, feces or EDTA blood) □

Serum neutralization (serum) □

*Brachyspira spp.* □ PCR

*Brucella* □ Card

*Chlamydophila psittaci*  □ PCR

Chronic Wasting Disease (CWD) □ [send out]

Enteric virus □ Electron microscopy

Epizootic Hemorrhagic Disease Virus (EHD) □AGID □ PCR

Histoplasmosis □ AGID

Infectious Bovine Rhinotracheitis (IBR) □ SN □ PCR

Influenza A □ PCR

Johne’s □ ELISA (serum) □ PCR (fecal sample)

*Lawsonia intracellularis* □ PCR

*Leptospira* □ MA (6 serovars) □ PCR

*Mycoplasma* □ PCR w/sequencing

*Mycoplasma bovoculi* □ PCR

*Mycoplasma hyopneumoniae* □ ELISA □ PCR

*Neospora* □ ELISA

Parainfluenza 3 □ SN □ PCR

Porcine Circovirus (PCV2) □ PCR

Porcine Epidemic Diarrhea Virus (PEDV) □ PCR

PRRSV □ ELISA □ PCR

Pseudorabies (PRV) □ ELISA □ +Brucella

Rotavirus A □ PCR

*Salmonella* □ PCR

Senecavirus A real time □ PCR

Small Ruminant Lentivirus CAE & OPP □ ELISA

Swine Influenza □ ELISA □ PCR

*Toxoplasma* □ PCR

TGEV/Porcine respiratory coronavirus □ PCR □ SN

*Tritrichomonas foetus* □ PCR (InPouch within 48 hours)

Vesicular stomatitis □ SN

West Nile Virus □ PCR

**Other** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Chemistry** – centrifuge and remove  serum/plasma into a separate tube  Specimen type:  □ Serum □ Plasma □ Urine  □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ MAXI Profile  □ MINI Profile  □ RENAL Profile  □ LIVER Profile  □ Electrolyte and Mineral Panel  □ Urine Protein/Creatinine Ratio  □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Hematology**  □ CBC - Submit EDTA tube & smears (includes  fibrinogen)  □ Fibrinogen  □ Smear Exam for \_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_  **Fecal Examination**  □ Flotation □ Fecal Occult Blood  □ *Cryptosporidium* □ Baermann  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_ | **Urinalysis (For Courier/ Local**  **Samples Only)**  □ Voided □ Cystocentesis  □ Catheter □ Off Floor  □ Complete UA  □ UA w/o Sediment Exam  □ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_  **Endocrinology**  □ Progesterone (1 mL serum) |

**Clinical Pathology** ***Must Provide*** **Date Sample Taken** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.