**MULOGOBw.tif 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**](http://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 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Sample Taken** \_\_\_\_\_**\_\_\_\_ Date Sent \_\_\_\_\_\_\_\_**

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

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

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

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

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

**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 | □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 |

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

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

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**□ Necropsy Exam □ Necropsy+Histopathology □ Necropsy+Histo with Laboratory Tests**

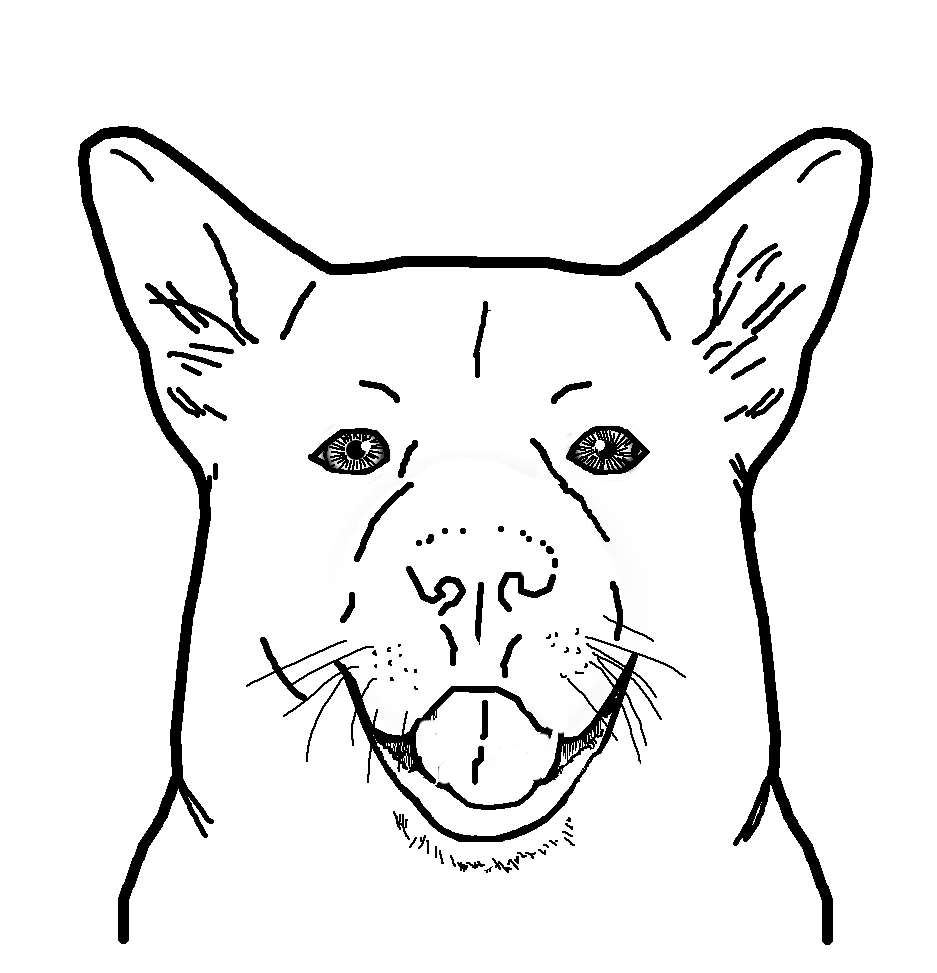
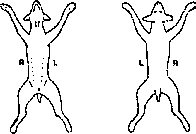
**□ Biopsy**  **□ Mail-In Necropsy with Lab Tests □ Toxicology (additional fees) □Abortion Panel**

**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**



|  |  |
| --- | --- |
| **Sample Type** | |
| □ Tissue, Fresh | □ Blood |
| □ Tissue, Fixed | □ Serum |
| □ Feces | □ Urine |
| □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Circle lesions**

**Mark “X” for**

**biopsy locations**

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

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

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□ **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](http://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**

*A.phagocytophilum* □ IFA □ PCR

Blastomycosis □ AGID

Blastomycosis and Histoplasmosis □ AGID

*Borrelia burgdorferi* (Lyme Dz) □ IFA □ PCR

*Brucella canis* □ Card

Canine Coronavirus □ PCR

Canine Distemper □ IgG antibody (IFA) □ IgM (IFA) □ PCR

Canine Distemper Parvo Titer □ ELISA

Canine Heartworm □ ELISA

Canine Parvovirus □ IgG antibody □ IgM antibody □ PCR

*Chlamydophila psittaci* □ PCR

Coccidiomycosis □ AGID

*Cryptococcus* □ Antibody □ Antigen-LA

*Ehrlichia spp*. □ IFA □ PCR

Feline Calicivirus □ Virus Isolation

Feline Heartworm Antibody □ ELISA

Feline Herpesvirus □ PCR

Feline Infectious Peritonitis (FIP) □ IFA □ PCR

FIV Antibody and FeLV Antigen – □ Snap test

Feline Leukemia Virus (Bone marrow, spleen, EDTA whole

blood) □ FA

Histoplasmosis □ AGID

Influenza A □ PCR

*Leptospira* □ MA (6 serovars) □ PCR

*R.rickettsii* (RMSF) □ IFA □ PCR

*Salmonella* □ PCR

Tick Panel: *A. phagocytophilum, B. burgdorferi,*

*E. canis, and R. rickettsii* □ IFA □ PCR (EDTA)

Toxoplasma (feline) □ IFA □ PCR

*Toxoplasma* (all species) □ PCR

West Nile (equine) □ IgM ELISA

West Nile Virus □ PCR

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

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

|  |  |  |
| --- | --- | --- |
| **Chemistry** – centrifuge and  remove serum/plasma into a  separate tube  Specimen type:  □ Serum □ Plasma □ Urine  □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ MAXI Profile  □ MINI Profile  □ RENAL Profile  □ LIVER Profile  □ Bile Acid Single  □ Bile Acid Pre and Post  □ Urine Protein/Creatinine  □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Coagulation**—CALL for  instruction  □ PT  □ PTT | **Hematology**  □ CBC - Submit EDTA tube &  smears  □ Smear Exam for\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Knott’s test  □ Coombs’ Test  □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_  **Bone Marrow** - submit concurrent  CBC or send recent CBC report  □ Bone Marrow Aspirate  □ Bone Marrow Core Biopsy    **Fecal Examination**  □ Flotation  □ Fecal Occult Blood  □ Direct Fecal Exam  □ Baermann  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_ | **Endocrinology** (1 mL serum)  □ Progesterone  □ Total T4  □ TSH (canine)  □ Cortisol – Single  □ ACTH Stimulation –  2 sample  □ Dexamethasone Suppression --  2 Sample  □ Dexamethasone Suppression --  3 Sample  **Urinalysis (For Courier/ Local**  **Samples Only)** □ Voided □ Cystocentesis  □ Catheter □ Off Floor  □ Complete UA  □ UA w/o Sediment Exam  □ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_ |

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 is a separate, sealable container to prevent formalin fumes from affecting culture results

\*PCR tissues: fresh in whorl 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.