

**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, 901 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 \_\_\_\_\_

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

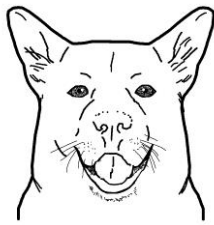
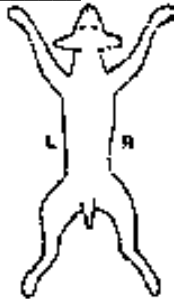
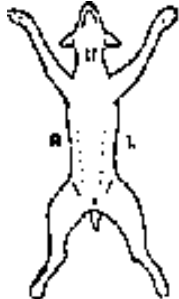
- Necropsy Exam
- Biopsy
- Necropsy+Histopathology
- Mail-In Necropsy with Lab Tests
- Necropsy+Histo with Laboratory Tests
- Toxicology (additional fees)
- Abortion Panel

**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](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**

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

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

<p><b>Chemistry</b> – 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><b>Coagulation</b>—CALL for instruction  <input type="checkbox"/> PT  <input type="checkbox"/> PTT</p>	<p><b>Hematology</b>  <input type="checkbox"/> CBC - Submit EDTA tube &amp; smears  <input type="checkbox"/> Smear Exam for _____  <input type="checkbox"/> Knott's test  <input type="checkbox"/> Coombs' Test  <input type="checkbox"/> Other _____  <b>Bone Marrow</b> - submit concurrent CBC or send recent CBC report  <input type="checkbox"/> Bone Marrow Aspirate  <input type="checkbox"/> Bone Marrow Core Biopsy</p> <p><b>Fecal Examination</b>  <input type="checkbox"/> Flotation  <input type="checkbox"/> Fecal Occult Blood  <input type="checkbox"/> Direct Fecal Exam  <input type="checkbox"/> Baermann                  Other (specify) _____</p>	<p><b>Endocrinology</b> (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><b>Urinalysis (For Courier/ Local Samples Only)</b>  <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 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.