

CVM Veterinary Medical Diagnostic Laboratory 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

CLIENT INFORMATION

SUBMITTING VETERINARIAN		OWNER/PRODUCER	
Name		Name	
Account #		Street Address	
Clinic/Company		City, State, Zip	
Street Address		Phone #	
City, State, Zip		E-mail Address	
Phone #/Fax #		Premises ID	
E-mail Address		SEND REPORTS VIA: <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input type="checkbox"/> Both	

SAMPLE/PATIENT INFORMATION

Animal Name/ID/Tag		Age	<input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
Species <small>Required Field</small>		Sex	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> MC <input type="checkbox"/> FS
Breed		Weight	<input type="checkbox"/> lb <input type="checkbox"/> kg
Date Sample Collected		Date Sample Sent	

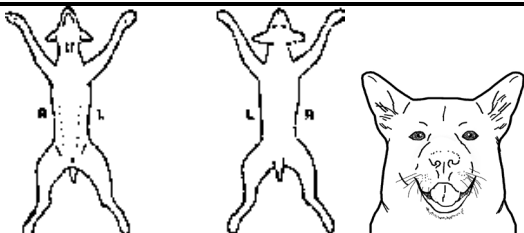
SAMPLE TYPE

<input type="checkbox"/> Fixed Tissue(s)	<input type="checkbox"/> Whole Blood	<input type="checkbox"/> Plasma	<input type="checkbox"/> Swab(s) Type:	<input type="checkbox"/> Feed
<input type="checkbox"/> Fresh Tissue(s)	<input type="checkbox"/> Clotted Blood	<input type="checkbox"/> Slide(s)	<input type="checkbox"/> Fluid Type:	<input type="checkbox"/> Other
<input type="checkbox"/> Whole Animal(s)	<input type="checkbox"/> Serum	<input type="checkbox"/> Feces	<input type="checkbox"/> Urine <input type="checkbox"/> Cysto <input type="checkbox"/> Cath <input type="checkbox"/> Voided	List:

HISTORY/CLINICAL INFORMATION

Clinical/Differential Diagnosis:	
History (use additional sheets, if needed): Please include clinical signs, onset and duration of illness, vaccination status, treatment, herd/flock information, new introductions, etc.	

LESION INFORMATION

Location (please mark):	History:	
	Size/Description/Duration:	
	Treatment :	Response: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
	Rate of growth: <input type="checkbox"/> Slow <input type="checkbox"/> Fast	Recurrence? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Margins inked or tagged? <input type="checkbox"/> Yes <input type="checkbox"/> No Orientation: _____	

CYTOLOGY/FLUID

<input type="checkbox"/> Cytology Exam- List site(s) above	<input type="checkbox"/> Multiple Lymph Node Cytology (up to 4)	<input type="checkbox"/> Multiple Synovial Fluid Cytology (slides only)
<input type="checkbox"/> Bone Marrow Aspirate	<input type="checkbox"/> Bone Marrow Biopsy (for either, include CBC report or submit blood and blood film for concurrent CBC)	
<input type="checkbox"/> Fluid Analysis (submit prepared slides and fluid sample) - <input type="checkbox"/> Peritoneal <input type="checkbox"/> Pleural <input type="checkbox"/> Pericardial <input type="checkbox"/> BAL <input type="checkbox"/> Tracheal Wash <input type="checkbox"/> Synovial		
<input type="checkbox"/> CSF Analysis (see instructions on website or call lab)	<input type="checkbox"/> Other fluid for cytology (include slides and fluid) Site: _____	

Lab use only: Cold Pac Frozen None Room Temp.

Sample Condition Broken Leaked Other _____

PATHOLOGY

<input type="checkbox"/> Gross Necropsy	<input type="checkbox"/> Necropsy and Histopathology	<input type="checkbox"/> Necropsy, Histopathology, and Labs	<input type="checkbox"/> BVD IHC	<input type="checkbox"/> Biopsy/Histopathology
<input type="checkbox"/> Abortion Panel	<input type="checkbox"/> Food Animal Diarrhea Panel (<input type="checkbox"/> Feces or <input type="checkbox"/> Tissue)		<input type="checkbox"/> Fresh and Fixed Tissue Exam	<input type="checkbox"/> Food Animal Resp. Panel

Other testing not listed:

BACTERIOLOGY *Please indicate type of antimicrobial therapy and date of last dose in history/clinical information section (above)*

<input type="checkbox"/> Aerobic Culture	<input type="checkbox"/> Anaerobic Culture	<input type="checkbox"/> Abortion Screen	<input type="checkbox"/> Enteric Screen	<input type="checkbox"/> Antimicrobial Susceptibility	<input type="checkbox"/> Fluid Culture
<input type="checkbox"/> Fungal Culture	<input type="checkbox"/> Aerobic Culture + up to 3 susceptibilities		<input type="checkbox"/> Aerobic and Anaerobic Culture + up to 3 susceptibilities		

Other testing not listed:

TOXICOLOGY

<input type="checkbox"/> Aflatoxin	<input type="checkbox"/> Copper	<input type="checkbox"/> Cyanide	<input type="checkbox"/> Ergot Alkaloids in Feedstuffs	<input type="checkbox"/> Ergot/Fescue Alkaloids in Feedstuffs	<input type="checkbox"/> Fumonisin B1
<input type="checkbox"/> GC/MS	<input type="checkbox"/> Lead	<input type="checkbox"/> Mycotoxin	<input type="checkbox"/> Nitrate (ocular fluid, feed)	<input type="checkbox"/> ICP-OES Metals in Serum/Plasma, Liver, Kidney	<input type="checkbox"/> Vitamin E

Other testing not listed:

* Please note: This form does not include all of the testing performed by the MU VMDL. Consult our fee guide for additional information. *

SEROLOGY

SMALL ANIMAL		LARGE ANIMAL	
<input type="checkbox"/> <i>Blastomyces</i>	<input type="checkbox"/> <i>Borrelia/Lyme</i>	<input type="checkbox"/> <i>A. marginale</i>	<input type="checkbox"/> Bluetongue
<input type="checkbox"/> <i>Brucella canis</i>	<input type="checkbox"/> CDV IgG IFA	<input type="checkbox"/> BLV ELISA	<input type="checkbox"/> BRSV SN
<input type="checkbox"/> CDV IgM IFA	<input type="checkbox"/> CPV IgG IFA	<input type="checkbox"/> BVD SN	<input type="checkbox"/> BVD ACE
<input type="checkbox"/> CPV IgM IFA	<input type="checkbox"/> Canine HW	<input type="checkbox"/> <i>Brucella abortus</i>	<input type="checkbox"/> CAE/OPP
<input type="checkbox"/> Canine Vacc. Titer ELISA	<input type="checkbox"/> <i>Coccidioides</i> AGID	<input type="checkbox"/> CWD ELISA	<input type="checkbox"/> EHD AGID
<input type="checkbox"/> <i>Cryptococcus</i> Antibody	<input type="checkbox"/> <i>Cryptococcus</i> Antigen	<input type="checkbox"/> EIA ELISA (include VS form)	<input type="checkbox"/> EIA AGID (include VS form)
<input type="checkbox"/> <i>Ehrlichia canis</i> IFA	<input type="checkbox"/> Feline HW	<input type="checkbox"/> Equine Herpesvirus SN	<input type="checkbox"/> IBR SN
<input type="checkbox"/> FIP IFA	<input type="checkbox"/> FIV/FelV Snap	<input type="checkbox"/> Johne's ELISA	<input type="checkbox"/> <i>Leptospira</i> (6)
<input type="checkbox"/> FeLV IFA	<input type="checkbox"/> <i>Histoplasma</i>	<input type="checkbox"/> <i>N. caninum</i> ELISA	<input type="checkbox"/> PI3 SN
<input type="checkbox"/> <i>Leptospira</i> (6)	<input type="checkbox"/> Tick Panel	<input type="checkbox"/> PRRSV ELISA	<input type="checkbox"/> Pseudorabies
<input type="checkbox"/> <i>T. gondii</i> IFA (<input type="checkbox"/> IgM or <input type="checkbox"/> IgG)		<input type="checkbox"/> SIV ELISA	<input type="checkbox"/> West Nile IgM

Other testing not listed:

MOLECULAR

DIAGNOSTIC PCR PANELS			
<input type="checkbox"/> Bovine Enteric	<input type="checkbox"/> Bovine Resp.	<input type="checkbox"/> Bovine Pink Eye	<input type="checkbox"/> Porcine Resp.
<input type="checkbox"/> Porcine Enteric (<input type="checkbox"/> 1 or <input type="checkbox"/> 2)		<input type="checkbox"/> Equine Enteric (<input type="checkbox"/> Reg. or <input type="checkbox"/> Plus)	
<input type="checkbox"/> Equine Neuro.	<input type="checkbox"/> Canine Resp.	<input type="checkbox"/> Feline Resp.	<input type="checkbox"/> Tick Panel

SMALL ANIMAL		LARGE ANIMAL	
<input type="checkbox"/> CDV	<input type="checkbox"/> CPV	<input type="checkbox"/> <i>A. marginale</i>	<input type="checkbox"/> Bluetongue
<input type="checkbox"/> Feline Calicivirus	<input type="checkbox"/> Feline Herpesvirus	<input type="checkbox"/> Bovine Leukosis (BLV)	<input type="checkbox"/> BRSV
<input type="checkbox"/> FIP (FECV)	<input type="checkbox"/> Influenza A	<input type="checkbox"/> BVD	<input type="checkbox"/> IBR
<input type="checkbox"/> <i>Leptospira</i>	<input type="checkbox"/> <i>Mycoplasma</i>	<input type="checkbox"/> Johne's (feces)	<input type="checkbox"/> <i>Leptospira</i> spp.
<input type="checkbox"/> <i>N. caninum</i>	<input type="checkbox"/> <i>Salmonella</i>	<input type="checkbox"/> <i>N. caninum</i>	<input type="checkbox"/> PRRSV
<input type="checkbox"/> <i>Tritrichomonas foetus</i> (Feline)	<input type="checkbox"/> <i>Tritrichomonas foetus</i> (Bovine)		

Other testing not listed:

CLINICAL PATHOLOGY

HEMATOLOGY	
<input type="checkbox"/> CBC- Small Animal	<input type="checkbox"/> Blood Parasite Exam
<input type="checkbox"/> CBC + Plasma TP	<input type="checkbox"/> Comprehensive Smear Exam
<input type="checkbox"/> Coombs (canine)	<input type="checkbox"/> CBC+Fibrinogen (heat prec.)

CHEMISTRY	
<input type="checkbox"/> MAXI Panel	<input type="checkbox"/> Phenobarbital Level
<input type="checkbox"/> Renal Panel	<input type="checkbox"/> Bile Acid
<input type="checkbox"/> Electrolyte Panel	<input type="checkbox"/> Amylase/Lipase
<input type="checkbox"/> Liver Panel	<input type="checkbox"/> Foal IgG Snap

COAGULATION	
<input type="checkbox"/> PT	<input type="checkbox"/> PTT
<input type="checkbox"/> D-Dimer	<input type="checkbox"/> Fibrinogen
<input type="checkbox"/> PT, PTT, D-Dimer	
<input type="checkbox"/> PT, PTT, D-Dimer, Fibrinogen	

ENDOCRINOLOGY	
<input type="checkbox"/> Total T4	<input type="checkbox"/> T4 & TSH (canine)
<input type="checkbox"/> FT4	<input type="checkbox"/> FT4 & TSH (canine)
<input type="checkbox"/> Progesterone	<input type="checkbox"/> T4, FT4, TSH (canine)
<input type="checkbox"/> ACTH Stim.	<input type="checkbox"/> Cortisol (single)
<input type="checkbox"/> Dexamethasone Suppression (<input type="checkbox"/> 2 or <input type="checkbox"/> 3 sample)	
<input type="checkbox"/> Endo. ACTH (eq.)	<input type="checkbox"/> Insulin/Glucose (equine)

URINALYSIS	
<input type="checkbox"/> Complete UA	<input type="checkbox"/> Urine Protein/Creat.

PARASITOLOGY	
<input type="checkbox"/> Fecal Flotation	<input type="checkbox"/> Fecal Occult Blood
Fecal Egg Count: <input type="checkbox"/> McMaster's or <input type="checkbox"/> Modified Stoll	
<input type="checkbox"/> <i>Crypto.</i> Smear	<input type="checkbox"/> <i>Crypto.</i> and <i>Giardia</i> FA

Other testing not listed: