


**CVM Veterinary Medical Diagnostic Laboratory Food 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, 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		<b>SEND REPORTS VIA:</b> <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input type="checkbox"/> Both	

**SAMPLE/PATIENT INFORMATION**

Animal Name/ID/Tag Additional lines on next page		Age	<input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
Species Required Field		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	

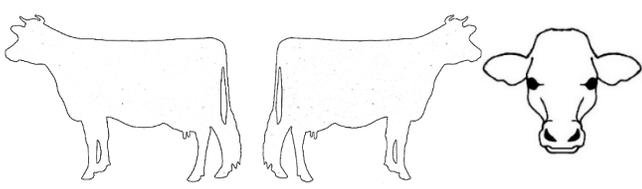
**SAMPLE TYPE**

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

**LESION INFORMATION**

<b>Location (please mark):</b>	<b>History:</b>	
	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 \_\_\_\_\_

**ADDITIONAL LINES FOR MULTIPLE ANIMAL SUBMISSIONS**

Name/ID	Species	Breed	Sex	Age
1				
2				
3				
4				

Name/ID	Species	Breed	Sex	Age
5				
6				
7				
8				

**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	
<b>Other testing not listed:</b>				

**\*\*Disposal fees may apply in addition to necropsy charges. Call the lab for details.\*\***

**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"/> Aerobic & Anaerobic Culture	<input type="checkbox"/> Abortion Screen	<input type="checkbox"/> Enteric Screen	<input type="checkbox"/> Antimicrobial Susceptibility
<input type="checkbox"/> <i>Listeria</i> Culture	<input type="checkbox"/> Fungal Culture- Dermatophyte		<input type="checkbox"/> <i>Salmonella</i> Culture (including serotyping)	
<input type="checkbox"/> Aerobic Culture + up to 3 susceptibilities			<input type="checkbox"/> Aerobic and Anaerobic Culture + up to 3 susceptibilities	
<b>Other testing not listed:</b>				

**TOXICOLOGY**

<input type="checkbox"/> Aflatoxin	<input type="checkbox"/> Ammonia	<input type="checkbox"/> Calcium	<input type="checkbox"/> Cyanide/Prussic Acid	<input type="checkbox"/> Copper	<input type="checkbox"/> Ergot Alkaloids in Feedstuffs	<input type="checkbox"/> Lead
<input type="checkbox"/> Magnesium	<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"/> Consult Toxicologist
<b>Other testing not listed:</b>						

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

**SEROLOGY**

<input type="checkbox"/> <i>A. marginale</i>	<input type="checkbox"/> Bluetongue	<input type="checkbox"/> BLV ELISA	<input type="checkbox"/> BRSV SN
<input type="checkbox"/> BVD SN (Type 1 <input type="checkbox"/> or Type 2 <input type="checkbox"/> )		<input type="checkbox"/> BVD Antigen Capture ELISA	
<input type="checkbox"/> <i>Brucella card</i>	<input type="checkbox"/> <i>Brucella</i> + Pseudorabies ELISA		<input type="checkbox"/> CAE/OPP ELISA
<input type="checkbox"/> EHD AGID	<input type="checkbox"/> IBR SN	<input type="checkbox"/> Johne's ELISA	<input type="checkbox"/> <i>Leptospira</i> MAT
<input type="checkbox"/> <i>M. hyopneumoniae</i> ELISA		<input type="checkbox"/> <i>Neospora caninum</i> ELISA	
<input type="checkbox"/> PI3 SN	<input type="checkbox"/> PRRS ELISA	<input type="checkbox"/> SIV ELISA	<input type="checkbox"/> TGE SN
<b>Other testing not listed:</b>			

**MOLECULAR**

DIAGNOSTIC PCR PANELS			
<input type="checkbox"/> Bovine Enteric Panel		<input type="checkbox"/> Bovine Respiratory Panel	
<input type="checkbox"/> Bovine Pink Eye Panel		<input type="checkbox"/> Bovine Abortion Panel	
<input type="checkbox"/> Porcine Respiratory Panel		<input type="checkbox"/> Porcine Enteric Panel ( <input type="checkbox"/> #1 or <input type="checkbox"/> #2)	
INDIVIDUAL PCR TESTS			
<input type="checkbox"/> <i>A. marginale</i>	<input type="checkbox"/> Bluetongue	<input type="checkbox"/> BLV	<input type="checkbox"/> Parainfluenza 3
<input type="checkbox"/> BRSV	<input type="checkbox"/> BVD	<input type="checkbox"/> <i>Brachyspira</i>	<input type="checkbox"/> <i>Chlamydomphila</i>
<input type="checkbox"/> EHD	<input type="checkbox"/> IBR	<input type="checkbox"/> Influenza A	<input type="checkbox"/> Johne's- indiv.
<input type="checkbox"/> Johne's- pool	<input type="checkbox"/> <i>Lawsonia</i>	<input type="checkbox"/> <i>Leptospira</i> spp.	<input type="checkbox"/> <i>M. hyo.</i>
<input type="checkbox"/> <i>N. caninum</i>	<input type="checkbox"/> PCV2	<input type="checkbox"/> PEDV	<input type="checkbox"/> PRRSV
<input type="checkbox"/> Rotavirus A	<input type="checkbox"/> <i>Salmonella</i>	<input type="checkbox"/> <i>Toxoplasma</i>	<input type="checkbox"/> TGEV
<input type="checkbox"/> <i>Tritrichomonas foetus</i> - individual		<input type="checkbox"/> <i>Tritrichomonas foetus</i> - pool	
<b>Other testing not listed:</b>			

**CLINICAL PATHOLOGY**

HEMATOLOGY	
<input type="checkbox"/> CBC- Large Animal (+ fibrinogen)	<input type="checkbox"/> Blood Parasite Exam
<input type="checkbox"/> Comprehensive Blood Smear Exam	
CHEMISTRY	
<input type="checkbox"/> MAXI Panel	<input type="checkbox"/> MINI Panel
<input type="checkbox"/> Renal Panel	<input type="checkbox"/> Liver Panel
<input type="checkbox"/> Electrolyte and Mineral Panel	
ENDOCRINOLOGY	
<input type="checkbox"/> Progesterone	
URINALYSIS	
<input type="checkbox"/> Complete UA	<input type="checkbox"/> Urine Protein/Creat.
<b>Other testing not listed:</b>	

**PARASITOLOGY**

<input type="checkbox"/> McMaster Fecal Egg Count	<input type="checkbox"/> Modified Stoll Fecal Egg Count
<input type="checkbox"/> <i>Cryptosporidium</i> smear	<input type="checkbox"/> Fecal Flotation
<input type="checkbox"/> <i>Crypto. parvum</i> and <i>Giardia</i> FA	
<b>Other testing not listed:</b>	