University of Missouri – Veterinary Medical Diagnostic Laboratory TIER IV DOCUMENT ID & TITLE: VMDL-F-054FA Submission Form_Food Animal

CVM Veterinary Medical Diagnostic Laboratory Food Animal Submission Form

1-800-UMC-VMDL 800-862-8635 Fax 573-882-1411

Courier Address

AUTHORIZED BY: Eric W. Mathis

www.vmdl.missouri.edu

US Mail Address

EFFECTIVE DATE: 07/31/2023

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: ☐ Fax ☐ E-mail ☐ Both						
SAMPLE/PATIENT INFORMATION										
Animal Name/ID/Tag Additional lines on next page				Age		□ Day	s 🗆 Mon	ths 🗆 Years		
Species Required Field				Sex □ M □ F		□МС	□ FS			
Breed				Weight	Weight			□ lb □ kg		
Date Sample Collected	ected			Date Sample Sent	nple Sent					
			SAMPL	E TYPE						
☐ Fixed Tissue(s)	☐ Whole Blood	☐ Plasma	ma ☐ Swab(s) Type:			☐ Feed				
☐ Fresh Tissue(s)	(s) ☐ Clotted Blood ☐ Slide(s)			☐ Fluid Type:		☐ Other				
☐ Whole Animal(s)	ole Animal(s)			☐ Urine ☐ Cysto ☐ Cath ☐ 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.										
	ORMATION									
			Histor							
				ize/Description/Duration:						
			Treatment :		Response: ☐ Yes ☐ No ☐ Partial					
			Rate of growth: ☐ Slow ☐ Fast Recurrer			Recurrence?				
CYTOLOGY/FLUID				rgins inked or tagged? Yes No Orientation:						
☐ Cytology Exam- List s	<u> </u>									
☐ Bone Marrow Aspirate ☐ Bone Marrow Biopsy (for either, include CBC report or submit blood and blood film for concurrent CBC)										
☐ Fluid Analysis (submit prepared slides and fluid sample) - ☐ Peritoneal ☐ Pleural ☐ Pericardial ☐ BAL ☐ Tracheal Wash ☐ Synovial ☐ CSE Analysis (see instructions on website or sall lab) ☐ Other fluid for sutplace (instructions and fluid) Sites										
☐ CSF Analysis (see instructions on website or call lab) ☐ Other fluid for cytology (include slides and fluid) Site:										
ab use only: Cold Pac Frozen None Room Temp. Sample Condition Broken Leaked Other										

QA APPROVED: Brian Nodine

University of Missouri – Veterinary Medical Diagnostic Laboratory TIER IV DOCUMENT ID & TITLE: VMDL-F-054FA Submission Form Food Animal ADDITIONAL LINES FOR MULTIPLE ANIMAL SUBMISSIONS Name/ID **Breed** Name/ID Breed **Species Species** Sex Age 1 5 2 6 3 7 4 8 **PATHOLOGY** ☐ Gross Necropsy ☐ Necropsy and Histopathology ☐ Necropsy, Histopathology, and Labs ☐ BVD IHC ☐ Biopsy/Histopathology ☐ Abortion Panel ☐ Food Animal Diarrhea Panel (☐ Feces or ☐ Tissue) ☐ Fresh and Fixed Tissue Exam ☐ Food Animal Resp. Panel Other testing not listed: **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)* ☐ Aerobic Culture ☐ Aerobic & Anaerobic Culture ☐ Abortion Screen ☐ Enteric Screen ☐ Antimicrobial Susceptibility ☐ *Listeria* Culture ☐ Fungal Culture- Dermatophyte ☐ or Systemic ☐ ☐ *Salmonella* Culture (including serotyping) ☐ Aerobic Culture + up to 3 susceptibilities ☐ Mastitis Susceptibility Test ☐ Aerobic and Anaerobic Culture + up to 3 susceptibilities Other testing not listed: TOXICOLOGY ☐ Aflatoxin ☐ Cyanide/Prussic Acid ☐ Copper ☐ Ergot Alkaloids in Feedstuffs ☐ Ergot/Fescue Alkaloids in Feedstuffs ☐ Mycotoxin Screen (Feedstuffs) ☐ Nitrate (ocular fluid, feed) ☐ ICP-OES Metals in Serum/Plasma, Liver, Kidney ☐ Consult Toxicologist 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 CLINICAL PATHOLOGY **HEMATOLOGY** ☐ A. marginale ☐ Bluetongue ☐ BLV ELISA ☐ BRSV SN ☐ Blood Parasite Exam ☐ CBC- Large Animal \square BVD SN (Type 1 \square or Type 2 \square) ☐ BVD Antigen Capture ELISA (+ fibrinogen) ☐ *Brucella* card ☐ Brucella + Pseudorabies ELISA ☐ CAE/OPP ELISA ☐ Comprehensive Blood Smear Exam ☐ EHD AGID ☐ IBR SN ☐ Johne's ELISA ☐ Leptospira MAT **CHEMISTRY** ☐ *M. hyopneumoniae* ELISA ☐ *Neospora caninum* ELISA ☐ MAXI Panel ☐ MINI Panel ☐ PRRS ELISA ☐ TGE SN ☐ PI3 SN ☐ SIV ELISA ☐ Liver Panel ☐ Renal Panel Other testing not listed: **MOLECULAR** ☐ Electrolyte and Mineral Panel **DIAGNOSTIC PCR PANELS ENDOCRINOLOGY** ☐ Bovine Enteric Panel ☐ Bovine Respiratory Panel ☐ Progesterone **URINALYSIS** ☐ Bovine Pink Eye Panel ☐ Bovine Abortion Panel ☐ Complete UA ☐ Urine Protein/Creat. ☐ Porcine Respiratory Panel \square Porcine Enteric Panel (\square #1 or \square #2) **INDIVIDUAL PCR TESTS** Other testing not listed: \square BLV ☐ Parainfluenza 3 ☐ A. marginale ☐ Bluetongue ☐ BRSV ☐ BVD ☐ Brachyspira ☐ Chlamydophila **PARASITOLOGY** \square EHD \square IBR ☐ Influenza A ☐ Johne's- indiv. ☐ Fecal Egg Count ☐ Baermann ☐ Johne's- pool ☐ Lawsonia \square *Leptospira* spp. \square M. hyo. ☐ *Cryptosporidium* smear ☐ Fecal Flotation ☐ PCV2 ☐ N. caninum ☐ PEDV □ PRRSV ☐ Crypto. parvum and Giardia FA ☐ Rotavirus A ☐ Salmonella ☐ Toxoplasma ☐ TGEV Other testing not listed: ☐ Tritrichomonas foetus- individual ☐ *Tritrichomonas foetus-* pool Other testing not listed:

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