

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, PO Box 6023, Columbia, MO 65205

VMDL, 901 E. Campus Loop, Columbia, MO 65211

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 List: |
| <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 | |

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"/> Fixed Tissue Exam |

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"/> HW ELISA | <input type="checkbox"/> <i>Brucella abortus</i> | <input type="checkbox"/> CAE/OPP |
| <input type="checkbox"/> Canine Distemper/Parvo Vaccine Titer ELISA | | <input type="checkbox"/> CWD ELISA | <input type="checkbox"/> EHD AGID |
| <input type="checkbox"/> <i>Coccidioides</i> AGID | <input type="checkbox"/> <i>Cryptococcus</i> Antibody | <input type="checkbox"/> EIA ELISA (include VS form) | <input type="checkbox"/> EIA AGID (include VS form) |
| <input type="checkbox"/> <i>Cryptococcus</i> Antigen | <input type="checkbox"/> <i>Ehrlichia canis</i> IFA | <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"/> <i>Theileria</i> |
| <input type="checkbox"/> <i>Trichostrongylus axei</i> (Feline) | | <input type="checkbox"/> <i>Trichostrongylus axei</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"/> Critical Care Profile |
| <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 |
| <input type="checkbox"/> Fecal Egg Count | |
| <input type="checkbox"/> <i>Crypto.</i> Smear | <input type="checkbox"/> <i>Crypto.</i> and <i>Giardia</i> FA |

Other testing not listed: