

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

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 #		Other	
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	

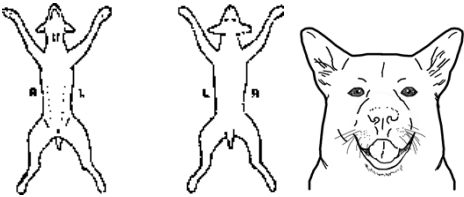
SAMPLE TYPE

<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, household 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"/> Biopsy/Histopathology
<input type="checkbox"/> Abortion Panel	<input type="checkbox"/> Fresh and Fixed Tissue Exam	<input type="checkbox"/> Toxicology Testing with Necropsy	<input type="checkbox"/> Fixed Tissue Exam (from necropsy)
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"/> Aerobic and Anaerobic Culture	<input type="checkbox"/> Antimicrobial Susceptibility	<input type="checkbox"/> Enteric Screen	<input type="checkbox"/> Abortion Screen
<input type="checkbox"/> Fungal Culture- Dermatophyte	<input type="checkbox"/> Fungal Culture- Systemic	<input type="checkbox"/> Blood or Sterile Site Fluid 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"/> Copper	<input type="checkbox"/> GC/MS Screen	<input type="checkbox"/> Lead	<input type="checkbox"/> Mycotoxin Screen	<input type="checkbox"/> ICP-OES Metals in Plasma/Serum/Liver/Kidney	<input type="checkbox"/> Tox. Consult
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 SEROLOGY TESTS	
<input type="checkbox"/> <i>Anaplasma phagocytophilum</i> IFA	<input type="checkbox"/> <i>Aspergillus</i> spp. AGID
<input type="checkbox"/> <i>Blastomyces</i> AGID	<input type="checkbox"/> <i>Blastomyces/Histoplasma</i> AGID
<input type="checkbox"/> <i>Borrelia burgdorferi</i> IFA	<input type="checkbox"/> <i>Brucella canis</i> Rapid Ab Test
<input type="checkbox"/> Canine Distemper (<input type="checkbox"/> IgG, <input type="checkbox"/> IgM) IFA	<input type="checkbox"/> Canine Parvo. ((<input type="checkbox"/> IgG, <input type="checkbox"/> IgM) IFA
<input type="checkbox"/> Heartworm Antigen ELISA	<input type="checkbox"/> <i>Coccidioides</i> AGID
<input type="checkbox"/> <i>Cryptococcus neoformans</i> Antibody	<input type="checkbox"/> <i>Cryptococcus neoformans</i> Antigen
<input type="checkbox"/> <i>Crypto parvum</i> and <i>Giardia</i> FA	<input type="checkbox"/> <i>Ehrlichia canis</i> IFA
<input type="checkbox"/> FIV/FeLV/ <i>Dirofilaria immitis</i> Snap Test	<input type="checkbox"/> FeLV IFA
<input type="checkbox"/> FIP IFA	<input type="checkbox"/> Leptospirosis MAT (6 Serovars)
<input type="checkbox"/> <i>Histoplasma capsulatum</i> AGID	<input type="checkbox"/> <i>R. rickettsii</i> (RMSF) IFA
<input type="checkbox"/> <i>Neospora caninum</i> ELISA	<input type="checkbox"/> <i>T. gondii</i> (<input type="checkbox"/> IgG, <input type="checkbox"/> IgM) IFA
<input type="checkbox"/> Tick Panel IFA (<i>A. phagocytophilum</i> , <i>B. burgdorferi</i> , <i>E. canis</i> , <i>R. rickettsii</i>)	
Other testing not listed:	

MOLECULAR

DIAGNOSTIC PCR PANELS	
<input type="checkbox"/> Canine Viral Respiratory Panel	<input type="checkbox"/> Canine Enteric Panel
<input type="checkbox"/> Feline Respiratory Panel (<i>Chlamydomphila</i> , Calicivirus, Herpesvirus, <i>Mycoplasma</i>)	
<input type="checkbox"/> Tick Panel (<i>Anaplasma</i> spp, <i>Borrelia burgdorferi</i> , <i>Ehrlichia</i> spp, <i>Rickettsia</i> spp) If individual pathogen tests are requested, please indicate by circling above.	
INDIVIDUAL PCR TESTS	
<input type="checkbox"/> Canine Distemper Virus	<input type="checkbox"/> Canine Herpesvirus
<input type="checkbox"/> Feline Calicivirus	<input type="checkbox"/> Feline Herpesvirus
<input type="checkbox"/> FIP (Feline Enteric Coronavirus)	<input type="checkbox"/> Parvovirus (Canine/Feline)
<input type="checkbox"/> <i>Leptospira</i> spp.	<input type="checkbox"/> <i>Mycoplasma</i> + sequencing
<input type="checkbox"/> <i>Neospora caninum</i>	<input type="checkbox"/> <i>Salmonella</i>
<input type="checkbox"/> <i>Toxoplasma gondii</i>	<input type="checkbox"/> <i>Tritrichomonas foetus</i> - Feline
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"/> Knott's Test	<input type="checkbox"/> Coombs (canine)		
CHEMISTRY			
<input type="checkbox"/> Maxi Panel	<input type="checkbox"/> Mini Panel		
<input type="checkbox"/> Renal Panel	<input type="checkbox"/> Bile Acid		
<input type="checkbox"/> Liver Panel	<input type="checkbox"/> Phenobarbital Level		
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 - canine/feline	<input type="checkbox"/> FT4 & TSH (canine)		
<input type="checkbox"/> T4, FT4, TSH (canine)	<input type="checkbox"/> Progesterone		
<input type="checkbox"/> ACTH Stimulation	<input type="checkbox"/> Cortisol (single)		
<input type="checkbox"/> Dexamethasone Suppression (<input type="checkbox"/> 2 or <input type="checkbox"/> 3 sample)			
<input type="checkbox"/> Urine Cortisol/Creatinine Ratio			
URINALYSIS			
<input type="checkbox"/> Complete UA	<input type="checkbox"/> Urine Protein/Creat.		
Other testing not listed:			
PARASITOLOGY			
<input type="checkbox"/> Fecal Flotation	<input type="checkbox"/> Fecal Occult Blood		
<input type="checkbox"/> <i>Cryptosporidium parvum</i> and <i>Giardia</i> FA			
Other testing not listed:			