

CVM Veterinary Medical Diagnostic Laboratory Food Animal Submission Form

1-800-UMC-VMDL 800-862-8635 Fax 573-882-1411, www.vmdl.missouri.edu

Courier Address

US Mail Address

VMDL, 810 E. Campus Loop, Columbia, MO 65211

VMDL, PO Box 6023, Columbia, MO 65205

Acct No _____ □ Email _____ Date Sample Taken _____ Date Sent _____
Phone _____ □ Fax _____ Owner _____
Veterinarian _____ Address _____
Clinic _____ City _____ State _____ Zip _____
Address _____ Phone _____
City _____ State _____ Zip _____

Animal Tag/ID _____ Species _____ Breed _____ Sex _____ Age _____ Weight _____
in Group _____ Sick _____ Dead _____ Raised on Premises? _____ If purchased, when? _____ New introductions? _____ Date
Introduced _____ Date noticed sick _____ Euthanized? _____ Method of euthanasia _____ Time/ Date of Death _____

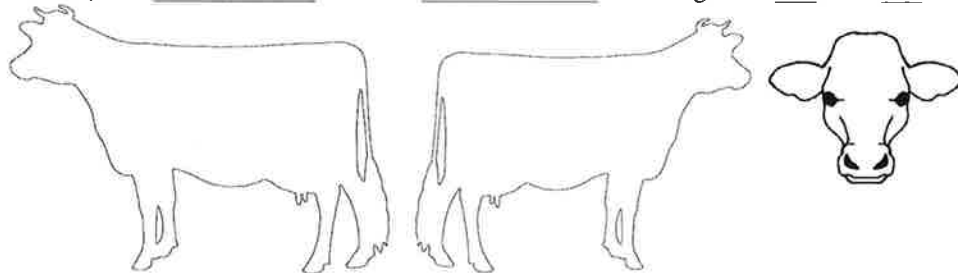
Presenting complaint/Systems of interest: Choose as many as apply

- Normal □ Fever □ Neurological □ Hepatic □ GI/Diarrhea
□ Abortion/Repro Failure □ Endocrine □ Sudden Death □ Urinary/urogenital □ Musculoskeletal/lameness
□ Edema □ Ocular □ Neoplasia/Mass □ Chronic weight loss □ Cardiac
□ Respiratory □ Anorexia □ Dermatological □ Erosion/Vesicular □ Other
□ Production/Performance decline □ Hematological/Hemorrhage □ Margins inked?

Clinical/Differential Diagnosis _____ Additional History _____

- Necropsy Exam □ Necropsy+Histopathology □ Necropsy+Histo with Laboratory Tests □ Toxicology (additional fees)
□ Biopsy □ Abortion Panel □ FA Diarrhea panel-feces □ FA Diarrhea panel-tissues □ FA Respiratory panel
□ Mail-In Necropsy with Lab Tests *There may be an additional fee for MULTISYSTEMIC (enteric AND respiratory) examinations of mail-in and necropsy specimens.

Duration _____ Margins inked/Tagged? _____ Treatment _____
When started/how long? _____ Response to therapy? ___ yes ___ no ___ partially
If tumor, Size _____ Duration _____ Rate of growth ___ slow ___ fast Recurrence ___ yes ___ no



Circle lesions
Mark "X" for biopsy locations

- Check sample type
□ Tissue, Fresh □ Blood
□ Tissue, Fixed □ Serum
□ Feces □ Urine
□ Other _____

Cytology Exam—Label slides with animal ID & site

Pertinent clinical information _____

- Cytology -- list site(s) _____
Circle Collection Method: Washes Aspirates Imprints Brushes Scrapings Other _____
□ Multiple Lymph Node Cytology (2-4 Lymph Nodes) – list site(s) _____

- Fluid Analysis, including Cytology – Send Fluid in an EDTA tube along with slides
Circle fluid type: Pleural Peritoneal Synovial Pericardial
□ CSF Analysis – Call for instructions □ Bronchoalveolar Lavage -- Send Fluid in an EDTA tube along with slides

- Bacteriology/Mycology □ Feces □ Swab from _____ □ Tissue from _____ □ Urine: ___ Cystocentesis ___ Free Catch □ Other _____
□ Aerobic Bacterial Culture with up to 3 susceptibilities (fixed price and MUST select before tests run)
□ Aerobic culture □ Anaerobic culture □ Antimicrobial susceptibility □ Blood culture □ Enteric screen □ Fungal culture
□ Abortion screen □ Salmonella □ Johne's culture □ Johne's direct PCR fecal Trichostrongylus axei: □ PCR or □ culture
Treated with antibiotics recently? Y/N Antibiotic used, when, and last dose _____

Rabies testing: □ Brain only □ Entire body with brain removal and carcass disposal [send out test]

Lab use only □ Cold Pac □ Frozen □ None □ Room Temp. Sample Condition □ Broken □ Leaked □ Other _____

Toxicology Feed Blood Serum Fresh Tissue Other _____ Consult Toxicologist
 Aflatoxin in milk and liver Ammonia Calcium serum; ocular fluid Cholinesterase activity whole blood, brain Copper
 Ergot Alkaloids in feedstuffs Ergot/Fescue Alkaloids in feedstuff Lead Magnesium serum and ocular fluid Mycotoxin
 Screen Nitrate Rumen pH (included with necropsy) Vitamin E Other _____

Tube/Name/No.	Species	Breed	Sex	Age
1				
2				
3				
4				
5				
6				
7				
8				

Tube/Name/No.	Species	Breed	Sex	Age
9				
10				
11				
12				
13				
14				
15				
16				

PCR Panels

Bovine Enteric : Bovine Coronavirus, Rotavirus and BVD I and II
Bovine Respiratory : BVD I and II, Bovine Respiratory Syncytial Virus (BRSV), Bovine Parainfluenza (PI3), IBR
Bovine Pink Eye : IBR, *Mycoplasma bovis*, *Mycoplasma bovoculi*
Porcine Enteric I (young pigs): Delta Coronavirus, PEDV, Rotavirus A, TGEV
Porcine Enteric II (older pigs): *Brachyspira spp.*, *Lawsonia intracellularis*, *Salmonella spp*
Porcine Respiratory : PRRSV, PCV2, Influenza A and *Mycoplasma hyopneumoniae*

Serology 1 ml serum, redtop or separator tube - PCR/Virology EDTA whole blood, CNS fluid, swabs, tissues, feces or as noted

Anaplasmosis ELISA PCR
 Aspergillosis AGID
 Bluetongue ELISA PCR
 Bovine Coronavirus PCR
 Bovine Leukosis ELISA PCR (EDTA blood)
 Bovine Respiratory Syncytial Virus PCR
BVD (Bovine viral diarrhea) testing options:
 IHC (up to 6 **fixed** ear notches per slide)
 BVD Antigen Capture ELISA serum/**fresh** ear notch
 PCR (tissues, feces or EDTA blood)
 Serum neutralization (serum)
Brachyspira spp. PCR
Brucella Card
Chlamydomphila psittaci PCR
 Chronic Wasting Disease (CWD) [send out]
 Enteric virus Electron microscopy
 Epizootic Hemorrhagic Disease Virus (EHD) AGID PCR
 Histoplasmosis AGID
 Infectious Bovine Rhinotracheitis (IBR) SN PCR
 Influenza A PCR
 Johne's ELISA (serum) PCR (fecal sample)
Lawsonia intracellularis PCR

Leptospira MA (6 serovars) PCR
Mycoplasma PCR w/sequencing
Mycoplasma bovoculi PCR
Mycoplasma hyopneumoniae ELISA PCR
Neospora ELISA
 Parainfluenza 3 SN PCR
 Porcine Circovirus (PCV2) PCR
 Porcine Epidemic Diarrhea Virus (PEDV) PCR
 PRRSV ELISA PCR
 Pseudorabies (PRV) ELISA +Brucella
 Rotavirus A PCR
Salmonella PCR
 Senecavirus A real time PCR
 Small Ruminant Lentivirus CAE & OPP ELISA
 Swine Influenza ELISA PCR
Toxoplasma PCR
 TGEV/Porcine respiratory coronavirus PCR SN
Tritrichomonas foetus PCR (InPouch within 48 hours)
 Vesicular stomatitis SN
 West Nile Virus PCR
Other _____

Clinical Pathology Must Provide Date Sample Taken _____

<p>Chemistry – centrifuge and remove serum/plasma into a separate tube Specimen type: <input type="checkbox"/> Serum <input type="checkbox"/> Plasma <input type="checkbox"/> Urine <input type="checkbox"/> Other _____ <input type="checkbox"/> MAXI Profile <input type="checkbox"/> MINI Profile <input type="checkbox"/> RENAL Profile <input type="checkbox"/> LIVER Profile <input type="checkbox"/> Electrolyte and Mineral Panel <input type="checkbox"/> Urine Protein/Creatinine Ratio <input type="checkbox"/> Other _____</p>	<p>Hematology <input type="checkbox"/> CBC - Submit EDTA tube & smears (includes fibrinogen) <input type="checkbox"/> Fibrinogen <input type="checkbox"/> Smear Exam for _____ <input type="checkbox"/> Other _____ Fecal Examination <input type="checkbox"/> Flotation <input type="checkbox"/> Fecal Occult Blood <input type="checkbox"/> <i>Cryptosporidium</i> <input type="checkbox"/> Baermann Other (specify) _____</p>	<p>Urinalysis (For Courier/ Local Samples Only) <input type="checkbox"/> Voided <input type="checkbox"/> Cystocentesis <input type="checkbox"/> Catheter <input type="checkbox"/> Off Floor <input type="checkbox"/> Complete UA <input type="checkbox"/> UA w/o Sediment Exam <input type="checkbox"/> Other (specify) _____ Endocrinology <input type="checkbox"/> Progesterone (1 mL serum)</p>
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Clients submitting specimens are considered to have agreed to VMDL testing procedures, policies and fees (view at: <http://www.vmdl.missouri.edu/>).
 Specimens become the property of the VMDL.