



www.dlab.colostate.edu
 Phone: 970-297-1281
 Fax: 970-297-0320

General Sample Submission Form

OFFICE USE ONLY

Opened By: _____

DHL USPS FX Courier Other

Frozen Dry Ice Ice Pack RT Other Fixed

Sample Type(s): _____ Comments: _____

VTH USE ONLY (Patient Card Here)

FedEx/UPS/Drop Off Address: CSU Veterinary Diagnostic Laboratory
 2450 Gillette Drive
 Fort Collins, CO 80526

USPS Only Address: CSU Veterinary Diagnostic Laboratory
 200 West Lake Street
 1644 Campus Delivery
 Fort Collins, CO 80523-1644

Clinician/Resident: _____

Pager: _____ H-Account/Fund: _____

Veterinarian: _____
 Clinic: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____

Owner/Producer: _____
 Business/Premise ID: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____

Person to be Billed: Veterinarian Owner/Producer

Report Results To: Veterinarian Owner/Producer

Send Results By: Fax: _____ Email: _____ Phone: _____

Avian (specify): _____ Bovine Camelid Canine Caprine
 Equine Feline Ovine Porcine Reptile/Amphibian (specify): _____
 Wildlife/Exotic (specify): _____ Other (specify): _____

Specimen(s)
 Whole Blood Serum Culture Plate Isolate Swab (specify): _____ Milk Urine Feces
 Semen Fetus Whole Body Tissue(s) (specify): _____
 Environmental (specify): _____ Other (specify): _____ Additives/Media Used: _____

ANIMAL IDENTIFICATION (if >3 samples, continue on Multiple Animal Submission Form)

Animal Name/ Number/ ID	Breed	Age	Sex	Collection Date

HISTORY (include clinical signs, differential diagnoses, antibiotic use, vaccine history, duration, number of animals affected, etc.) If more space is needed, please continue on and attach an additional page.

STAT -- Additional Charge, Contact Lab for Pricing

Results Phoned/Faxed/Emailed Date _____ Initials _____

Vet: _____ Owner: _____
Animal ID: _____ Species: _____

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Separate submission forms are required for Clinical Pathology, Clinical Immunology and Necropsy.

PANELS/SCREENS -- See User Guide for tests included

- Abortion Screen Conjunctivitis Panel Diarrhea Screen Respiratory Screen Abortion Serology Panel
 Respiratory Serology Panel

AVIAN DIAGNOSTICS (if more than one test type is listed, please circle desired test)

- APMV-1 (NDV) (PCR / VI / HI / ELISA) *M. gallisepticum* (plate test / ELISA) Psittacosis (*Chlamydophila*) PCR *Salmonella* Enteritidis PCR
 Influenza (PCR / VI / HI / AGID / ELISA) *M. synoviae* plate test *Salmonella* - environmental Pullorum/Typhoid plate test
 Infectious Bronchitis Virus (IBV) ELISA *M. gallisepticum/M. synoviae* PCR *Salmonella* - mortality WNV PCR

BACTERIOLOGY (if more than one test type is listed, please circle desired test)

- Aerobic Culture of _____ *Bacillus anthracis* PCR Clostridial Fecal Culture Mycobacterium Culture
 Anaerobic Culture** of _____ *Brucella* spp. PCR *C. perfringens* Genotyping PCR Mycoplasma** (Culture / PCR)
 Blood Culture** Campylobacter Culture *Francisella tularensis* PCR Q Fever (*C. burnetii*) (PCR / ELISA)
 Urine Culture CEM** Culture Fungal Culture *Streptococcus equi* PCR
 Antibiotic Susceptibility *Clostridium perfringens* Enterotoxin Leptospirosis PCR *Yersinia pestis* (plague) PCR
Milk submissions - *Use 'Milk Sample Submission Form'*

- Serology**
- | | | | | | | |
|--|--|---------------------------------------|--|--------------------------------------|------------------------------------|--|
| General | Bovine | Camelid | Canine | Equine | Feline | Ovine/Caprine |
| <input type="checkbox"/> Cryptococcus Serology | <input type="checkbox"/> <i>Brucella abortus</i> | <input type="checkbox"/> IgG Estimate | <input type="checkbox"/> ANA | <input type="checkbox"/> Brucella | <input type="checkbox"/> ANA | <input type="checkbox"/> Brucella (caprine) |
| <input type="checkbox"/> Fungal Serology Panel
(Aspergillus/Histoplasma/
Blastomyces/Coccidioides) | <input type="checkbox"/> IgG Estimate | <input type="checkbox"/> IgG Quant | <input type="checkbox"/> <i>Brucella canis</i> | <input type="checkbox"/> IgG Quant | <input type="checkbox"/> IgA Quant | <input type="checkbox"/> Johne's AGID |
| <input type="checkbox"/> Immunofixation | <input type="checkbox"/> IgG Quant | <input type="checkbox"/> Lepto-5 MAT | <input type="checkbox"/> IgA Quant | <input type="checkbox"/> IgG SNAP | <input type="checkbox"/> IgG Quant | Porcine |
| <input type="checkbox"/> Protein Electrophoresis | <input type="checkbox"/> Johne's ELISA | | <input type="checkbox"/> IgG Quant | <input type="checkbox"/> IgM Quant | | <input type="checkbox"/> <i>Brucella abortus</i> |
| | <input type="checkbox"/> Lepto-5 MAT | | <input type="checkbox"/> IgM Quant | <input type="checkbox"/> Lepto-5 MAT | | |
| | | | <input type="checkbox"/> Lepto-5 MAT | | | |

** Special Media Required; Please Contact Laboratory

Other (please specify test & species): _____

VIROLOGY/VIROLOGY SEROLOGY (if more than one test type is listed, please circle desired test)

- | | | | |
|---|---|---|---|
| General | Canine | Feline | Equine |
| <input type="checkbox"/> BTV PCR | <input type="checkbox"/> Canine adenovirus-1 (ICH) & 2 PCR | <input type="checkbox"/> FHV SN | <input type="checkbox"/> EHV-1 (SN / FA) |
| <input type="checkbox"/> EHD PCR | <input type="checkbox"/> CCV FA | <input type="checkbox"/> FHV/ <i>Chlamydophila</i> Duplex PCR | <input type="checkbox"/> EHV-3 (SN / PCR) |
| <input type="checkbox"/> Rabies FA | <input type="checkbox"/> CDV (SN / FA / PCR) | <input type="checkbox"/> FCV (SN / PCR) | <input type="checkbox"/> EHV-4 SN |
| <input type="checkbox"/> Rotavirus ELISA | <input type="checkbox"/> CDV IgG/IgM IFA | <input type="checkbox"/> FPV (HI / FA / PCR / SNAP ELISA) | <input type="checkbox"/> EHV 1 & 4 PCR |
| | <input type="checkbox"/> CPV-1 (Minute virus) PCR | <input type="checkbox"/> FIP (FA / IFA / PCR) | <input type="checkbox"/> EVA (SN / PCR / VI) |
| Bovine | <input type="checkbox"/> CPV-2 (HI / FA / PCR / SNAP ELISA) | <input type="checkbox"/> FIV/FeLV SNAP ELISA | <input type="checkbox"/> EIA (AGID / ELISA) *Special Form Required* |
| <input type="checkbox"/> BHV-1 (IBR) (SN / FA / PCR / VI) | <input type="checkbox"/> CHV (Herpesvirus) (SN / FA / PCR) | <input type="checkbox"/> FIV PCR | <input type="checkbox"/> Influenza (HI / PCR) |
| <input type="checkbox"/> BHV-4 PCR | <input type="checkbox"/> Influenza (HI / PCR) | | <input type="checkbox"/> VSV - IND/NJ (SN / CF) |
| <input type="checkbox"/> BHV-5 PCR | | Ovine/Caprine | <input type="checkbox"/> WEE PCR |
| <input type="checkbox"/> BVD I & II (SN / PCR) | | <input type="checkbox"/> BTV (AGID / PCR) | <input type="checkbox"/> WNV (IgM ELISA / PCR) |
| <input type="checkbox"/> BVD (FA / VI / ELISA) | Porcine | <input type="checkbox"/> BVD (SN / FA / VI) | |
| <input type="checkbox"/> BRSV (SN / FA / PCR / VI) | <input type="checkbox"/> CSFV PCR | <input type="checkbox"/> CAE (AGID / PCR) | |
| <input type="checkbox"/> PI3 (SN / FA / VI) | <input type="checkbox"/> Influenza (HI / PCR) | <input type="checkbox"/> Caprine Herpesvirus PCR | Camelid |
| <input type="checkbox"/> BCV FA | <input type="checkbox"/> PRRS PCR | <input type="checkbox"/> <i>Chlamydophila</i> PCR | <input type="checkbox"/> BVD I & II (SN / PCR) |
| <input type="checkbox"/> BLV (AGID / PCR) | <input type="checkbox"/> PRV ELISA | <input type="checkbox"/> Enzootic Nasal Tumor Virus PCR | <input type="checkbox"/> BVD (SN / FA / VI) |
| <input type="checkbox"/> BTV (AGID / PCR) | <input type="checkbox"/> TGE (SN / FA) | <input type="checkbox"/> Jaagsiekte Sheep Retrovirus PCR | |
| <input type="checkbox"/> <i>Chlamydophila</i> PCR | | <input type="checkbox"/> OPP (AGID / PCR) | |
| <input type="checkbox"/> VSV - IND/NJ (SN / CF) | | <input type="checkbox"/> OHV-2 (MCF) PCR | |

Other (please specify test & species): _____

PARASITOLOGY & PARASITOLOGY COMBINATIONS (if more than one test type is listed, please circle desired test)

- | | | |
|---|--|--|
| General | Canine/Feline | Equine |
| <input type="checkbox"/> Baermann (Qualitative / Quantitative) | <input type="checkbox"/> Heartworm serology | <input type="checkbox"/> Pinworm (Cellophane Tape Technique) |
| <input type="checkbox"/> Fecal Flotation | <input type="checkbox"/> Microfilaria (Knott's Test) | <input type="checkbox"/> Piroplasmosis cELISA (<i>T. equi</i> & <i>B. caballi</i>) |
| <input type="checkbox"/> Fecal Screen - Includes float, direct, IFA | <input type="checkbox"/> <i>Giardia</i> ELISA | |
| <input type="checkbox"/> Parasite Identification (Internal / External) | <input type="checkbox"/> <i>T. foetus</i> /Trichomonads (Culture - Diamonds / Culture - InPouch / PCR) | |
| <input type="checkbox"/> Occult Blood | <input type="checkbox"/> <i>Ehrlichia</i> /Lyme/ <i>Anaplasma</i> /Heartworm Screen | |
| <input type="checkbox"/> Soil Analysis | <input type="checkbox"/> <i>Ehrlichia canis</i> IFA (titer) <input type="checkbox"/> with <i>Ehrlichia</i> / <i>Anaplasma</i> / <i>Neorickettsia</i> PCR | |
| <input type="checkbox"/> <i>Trichinella</i> Digest | <input type="checkbox"/> <i>Ehrlichia</i> / <i>Anaplasma</i> / <i>Neorickettsia</i> PCR | |
| <input type="checkbox"/> <i>Toxoplasma gondii</i> MAT - non canine/feline | <input type="checkbox"/> <i>Bartonella</i> spp. (PCR / ELISA - feline only) <input type="checkbox"/> <i>Bartonella</i> spp. PCR plus ELISA | |
| <input type="checkbox"/> <i>Cryptosporidium</i> PCR | <input type="checkbox"/> <i>Haemoplasma</i> spp PCR | |
| <input type="checkbox"/> <i>Giardia</i> PCR | <input type="checkbox"/> Feline Fever Panel - <i>Hemoplasma</i> / <i>Ehrlichia</i> / <i>Bartonella</i> PCR with Toxo ELISA and <i>Bartonella</i> ELISA | |
| <input type="checkbox"/> <i>Cryptosporidium</i> / <i>Giardia</i> IFA | <input type="checkbox"/> Feline Blood Donor Panel - <i>Hemoplasma</i> / <i>Ehrlichia</i> / <i>Bartonella</i> PCR | |
| | <input type="checkbox"/> Canine Fever/Blood Donor Panel - <i>Ehrlichia</i> / <i>Bartonella</i> / <i>Haemoplasma</i> / <i>Rickettsia</i> PCR | |
| Ruminant/Camelid | <input type="checkbox"/> <i>Toxoplasma gondii</i> (IgG-IgM ELISA / PCR) | |
| <input type="checkbox"/> Sedimentation (flukes) | <input type="checkbox"/> <i>Neospora caninum</i> (IFA / PCR) | |
| <input type="checkbox"/> <i>Cryptosporidium</i> acid fast (bovine only) | <input type="checkbox"/> RMSF IFA (titer) <input type="checkbox"/> IFA with <i>Rickettsia</i> spp. PCR | |
| <input type="checkbox"/> <i>Toxoplasma gondii</i> PCR | <input type="checkbox"/> <i>Rickettsia</i> spp. PCR | |
| <input type="checkbox"/> <i>Neospora</i> cELISA | | |
| <input type="checkbox"/> <i>T. foetus</i> (Culture - InPouch / PCR) | | |

Other (please specify test & species): _____

ENDOCRINOLOGY

- | | | |
|--|--|---|
| Canine | Feline | Equine |
| <input type="checkbox"/> Total T4 | <input type="checkbox"/> Total T4 | <input type="checkbox"/> ACTH Stimulation (pre/post) |
| <input type="checkbox"/> Insulin Concentration | <input type="checkbox"/> Insulin Concentration | <input type="checkbox"/> Dexamethasone Suppression (low or high dose) |
| <input type="checkbox"/> Endogenous ACTH | | <input type="checkbox"/> Endogenous ACTH |
| <input type="checkbox"/> Phenobarbital Concentration | | <input type="checkbox"/> Insulin Concentration |
| <input type="checkbox"/> ACTH Stimulation (pre/post) | | <input type="checkbox"/> Total T4 |
| | | <input type="checkbox"/> Basal Cortisol |

CHEMISTRY/TOXICOLOGY

- | | | | | |
|---------------------------------|----------------------------------|------------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Copper | <input type="checkbox"/> w/Histo | <input type="checkbox"/> Selenium | <input type="checkbox"/> Bromide | <input type="checkbox"/> Lead |
| <input type="checkbox"/> Iron | <input type="checkbox"/> w/Histo | <input type="checkbox"/> Vitamin A | <input type="checkbox"/> Calculi | <input type="checkbox"/> Arsenic |
| <input type="checkbox"/> Zinc | <input type="checkbox"/> w/Histo | <input type="checkbox"/> Vitamin E | <input type="checkbox"/> Nitrate | <input type="checkbox"/> Mercury |

Other: _____

PATHOLOGY

- | | | |
|---|---|---|
| <input type="checkbox"/> Histopathology | <input type="checkbox"/> Necropsy (separate form required) | <input type="checkbox"/> Histopath Mailers Needed |
| <input type="checkbox"/> Pathologist Requested _____ | <input type="checkbox"/> 2nd Opinion Histopathology | <input type="checkbox"/> Mast Cell Tumor Profile |
| <input type="checkbox"/> Clinical Dermatology Consultation (Additional Fee) | <input type="checkbox"/> Liver Panel (Histo, Copper Quant & Special Stains) | <input type="checkbox"/> IHC for _____ |
| | <input type="checkbox"/> Endometrial Biopsy | |