

Diagnostic Lab #: _____

Date Received: _____

Sample Code: _____ Postage: _____

Veterinarian _____ **Bill to**

Owner _____ **Bill to**

Clinic _____

Physical Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone: (____) _____ - _____ Check # _____ \$ _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____

I hereby certify that this is a correct record of samples collected by me:

IMPORTANT:

- Please use test-specific WSVDL forms for all T. foetus, BVDV, and B. ovis submissions.

Signature: (Accredited Veterinarian)

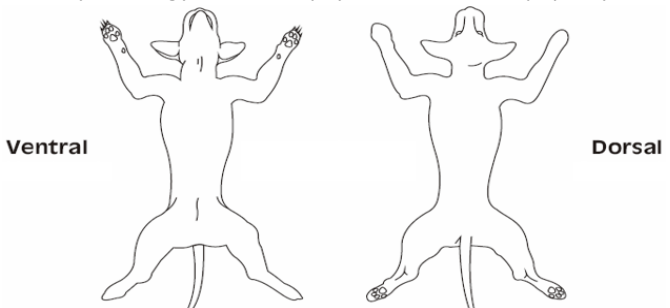
Date Sampled

No. of Samples: _____ Page _____ of _____

TEST REQUESTED FOR MULTIPLE ANIMAL SUBMISSION

Please use the next page to fill out animal information

SAMPLE TYPE: Blood (EDTA) Serum Carcass: WSVDL Disposal / Private Cremation _____
 Milk Feces Urine Swab _____ Tissue(s) _____ Other _____

BACTERIOLOGY	CHEMISTRY/TOXICOLOGY	PATHOLOGY	
<input type="checkbox"/> Aerobic Culture <input type="checkbox"/> Anaerobic Culture <input type="checkbox"/> Antibiotic Susceptibility <input type="checkbox"/> Mycoplasma: <input type="checkbox"/> Culture / <input type="checkbox"/> PCR <input type="checkbox"/> Clostridium Fecal Culture <input type="checkbox"/> Milk Culture <input type="checkbox"/> Tularemia PCR <input type="checkbox"/> Yersinia pestis (Plague) PCR <input type="checkbox"/> Leptospirosis: <input type="checkbox"/> 5 MAT Panel / <input type="checkbox"/> PCR <input type="checkbox"/> Johne's: <input type="checkbox"/> AGID / <input type="checkbox"/> ELISA / <input type="checkbox"/> PCR	<input type="checkbox"/> Copper <input type="checkbox"/> Selenium <input type="checkbox"/> Vitamin: <input type="checkbox"/> A / <input type="checkbox"/> E <hr/> CLINICAL PATHOLOGY <input type="checkbox"/> CBC <input type="checkbox"/> Cytology <input type="checkbox"/> Urinalysis <input type="checkbox"/> Chemistry Panel: <input type="checkbox"/> SADP / <input type="checkbox"/> EDP	<input type="checkbox"/> Histopathology <input type="checkbox"/> Necropsy <input type="checkbox"/> Uterine Biopsy- Equine 	

VIROLOGY		PARASITOLOGY	ENDOCRINOLOGY
General: <input type="checkbox"/> Rabies FA <input type="checkbox"/> EHD: <input type="checkbox"/> AGID / <input type="checkbox"/> PCR Bovine: <input type="checkbox"/> BRSV: <input type="checkbox"/> FA / <input type="checkbox"/> PCR / <input type="checkbox"/> SN / <input type="checkbox"/> VI <input type="checkbox"/> BHV (IBR): <input type="checkbox"/> PCR / <input type="checkbox"/> FA / <input type="checkbox"/> SN	Ovine/Caprine: <input type="checkbox"/> CAE ELISA <input type="checkbox"/> OPP: <input type="checkbox"/> AGID / <input type="checkbox"/> ELISA Equine: <input type="checkbox"/> WNV: <input type="checkbox"/> IgM ELISA / <input type="checkbox"/> PCR <input type="checkbox"/> EHV PCR: <input type="checkbox"/> 1&4 / <input type="checkbox"/> 3 <input type="checkbox"/> Encephalitis: <input type="checkbox"/> EEEV / <input type="checkbox"/> VEEV / <input type="checkbox"/> WEEV <input type="checkbox"/> EIA: <input type="checkbox"/> AGID / <input type="checkbox"/> ELISA -Submission: <input type="checkbox"/> GVL / <input type="checkbox"/> VSPS	<input type="checkbox"/> Fecal Flotation- preferred test* *McMasters available upon request	<input type="checkbox"/> Phenobarbital CLIA <input type="checkbox"/> Total T4 CLIA <input type="checkbox"/> Basal Cortisol CLIA
		OTHER	
		<input type="checkbox"/> Ruminant Pregnancy ELISA <input type="checkbox"/> Fungal Culture <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	

HISTORY:

Sample	Animal Name / Number / ID	Species	Breed	Age	Sex
__1					
__2					
__3					
__4					
__5					
__6					
__7					
__8					
__9					
__0					
__1					
__2					
__3					
__4					
__5					
__6					
__7					
__8					
__9					
__0					
__1					
__2					
__3					
__4					
__5					
__6					
__7					
__8					
__9					
__0					