



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:

- If submitting more than three animals, please see the WSVDL Multiple Animal Submission form.

Signature: (Accredited Veterinarian) _____

Date Sampled _____

No. of Samples: _____

Sample	Animal Name / Number / ID	Species	Breed	Age	Sex
1					
2					
3					

TEST REQUESTED

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

SAMPLE TYPE:

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

BACTERIOLOGY

- Aerobic Culture
 Anaerobic Culture
 Antibiotic Susceptibility
 Mycoplasma: Culture / PCR
 Clostridium Fecal Culture
 Milk Culture
 Tularemia PCR
 Yersinia pestis (Plague) PCR
 Leptospirosis: 5 MAT Panel / PCR
 Johne's: AGID / ELISA / PCR

CHEMISTRY/TOXICOLOGY

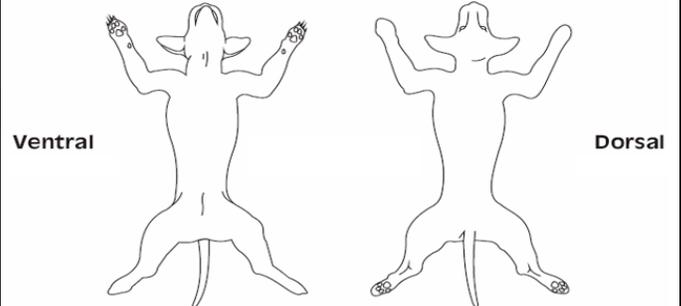
- Copper
 Selenium
 Vitamin: A / E

CLINICAL PATHOLOGY

- CBC
 Cytology
 Urinalysis
 Chemistry Panel: SADP / EDP

PATHOLOGY

- Histopathology Necropsy Uterine Biopsy- Equine



VIROLOGY

- General:**
 Rabies FA
 EHD: AGID / PCR
- Bovine:**
 BRSV: FA / PCR / SN / VI
 BHV (IBR):
 PCR / FA / SN
- Ovine/Caprine:**
 CAE ELISA
 OPP: AGID / ELISA
- Equine:**
 WNV: IgM ELISA / PCR
 EHV PCR: 1&4 / 3
 Encephalitis: EEEV / VEEV / WEEV
 EIA: AGID / ELISA
 -Submission: GVL / VSPS

PARASITOLOGY

- Fecal Flotation- preferred test*
 *McMasters available upon request

ENDOCRINOLOGY

- Phenobarbital CLIA
 Total T4 CLIA
 Basal Cortisol CLIA

OTHER

- Ruminant Pregnancy ELISA
 Fungal Culture

HISTORY: