BOVINE SUBMISSION FORM

Kansas State Veterinary Diagnostic Laboratory
1800 Denison Avenue, Mosier D117, Manhattan, KS 66506
Phone: (866) 512-5650 Fax: (785) 532-4835
www.ksvdl.org

Laboratory Use Only
Case Coordinator
Panel
Accession Number

Please download/save and use Adobe Acrobat to complete form. Many web browsers cannot fill form fields

BILL TO: ◯ Clinic ◯ Owner ◯ Third Party Third Party to Receive Results? ◯ Yes ◯ No

Third Party Contact Info: _____

CLINIC

ACCOUNT # _____

Veterinarian _____
Clinic/Company _____
Address _____
City _____ State _____ ZIP _____
Phone _____ Fax _____
E-mail _____

OWNER/PRODUCER

Owner Name _____
Business/Premise _____
Address _____
City _____ State _____ ZIP _____
Phone _____ Cell _____
Fax or E-mail _____

Send Results Via: (Check all that apply) ◯ E-Mail ◯ Fax ◯ Also Send Results to Owner: _____

Please record HISTORY and additional ANIMAL ID information on next page

Animal ID	Breed	Sex	Age/DOB	Weight	Sample Date

SPECIMEN(S) SUBMITTED

☐ Feces ☐ Milk ☐ Urine ☐ Whole Blood ☐ Fixed Tissue(s) _____ ☐ Swab(s) _____
☐ Fluid _____ ☐ Serum ☐ Whole Body ☐ Fresh Tissue(s) _____ ☐ Other _____

NECROPSY & DISPOSAL

Date of Death: _____
ANIMAL WAS EUTHANIZED? ◯ Yes ◯ No
BARBITURATES ◯ Yes ◯ No

☐ Gross Only Necropsy
- Do not check if additional testing will be added.

☐ Necropsy & Additional Testing (indicated elsewhere)
◯ Necropsy Histopathology, 1-4 Tissues
◯ Necropsy Histopathology, 5+ Tissues

☐ Necropsy & Tests at Pathologists Discretion
☐ Disposal

BACTERIOLOGY/MYCOLOGY

Organism(s) suspected: _____
Antibiotics used: _____ ◯ None
Date of last dose: _____

☐ Aerobic Culture
☐ Salmonella enrichment: *samples meeting criteria for Salmonella enrichment will have an additional charge.*
☐ Aerobic Susceptibility
☐ Mycoplasma Culture
☐ Anaerobic Culture
☐ Campylobacter Culture
☐ Bulk Tank Milk Culture
☐ Bulk Tank Mycoplasma Milk Culture
☐ Individual Milk Culture
☐ Individual Mycoplasma Milk Culture

MOLECULAR DIAGNOSTICS (PCR)

☐ Anaplasmosis
◯ Test Individually ◯ Pool ___ Samples/pool (max 5)
☐ BVD
◯ Test Individually ◯ Pool ___ Samples/pool
see www.ksvdl.org for details
☐ *Tritrichomonas foetus*
◯ Test Individually ◯ Pool ___ Samples/pool (max 5)
Incubated? ◯ Yes ◯ No
☐ *Clostridium perfringens* culture + PCR
☐ Bovine Leukemia (BLV)
◯ Test Individually ◯ Pool ___ Samples/pool (max 10)
☐ Leptospirosis
☐ Mycobacterium (Johne's)
◯ Test Individually ◯ Pool ___ Samples/pool (max 5)
☐ *Mycoplasma bovis*
☐ *Coxiella burnetti* Abortion Tissue PCR

PANELS

☐ Neonatal Diarrhea PCR Panel
◯ Viral ◯ Bacterial / Protozoal ◯ Both
☐ Respiratory PCR Panel
◯ Viral ◯ Bacterial ◯ Both
◯ Test Individually ◯ Pool ___ Samples/pool (max 5)
☐ Abortion Bacterial Culture Panel
☐ Abortion Serology Panel
☐ Abortion Tissue PCR Panel
☐ Bovine Pinkeye (IBK) Real-time PCR Panel
☐ Quantitative Bovine Nematode PCR Panel

PARASITOLOGY

☐ Fecal Float
◯ Qualitative ◯ Quantitative ◯ Both
☐ Cryptosporidium Float
☐ Fluke Egg Recovery (Sedimentation)
☐ Parasite Identification

SEROLOGY

☐ Anaplasmosis ELISA
☐ Bluetongue Virus ELISA
☐ Bovine Leukemia (BLV) ELISA
☐ Bovine Pregnancy Test
☐ Brucella BAPA (default)
☐ Brucella Card (MX export)
☐ Johne's ELISA - Serum
☐ Leptospirosis 5 Serovar MAT
☐ *Neospora caninum* ELISA (Virology)

VIROLOGY

☐ Bovine Viral Diarrhea (BVD) Type 1 SN
☐ Bovine Viral Diarrhea (BVD) Type 2 SN
☐ Infectious Bovine Rhinotrachitis (IBR) SN
☐ SARS - Covid2 Virus Neutralization
☐ Virus Isolation

HISTOPATHOLOGY

☐ Histopathology
☐ FA-Clostridium
☐ Immunohistochemistry *specify next line:*

_____

This submission form is a legal binding contract between KSVDL and the submitting entity. All specimens, animals, and/or biological materials submitted to the KSVDL as well as any test results, diagnoses, or other analyses resulting from these submissions will become the property of KSVDL. Specimens also may be used for teaching purposes. All fees incurred are the responsibility of the submitting entity. A 1.5% finance charge will be assessed on all charges over 30 days.

Veterinarian _____ Owner Name _____ Bovine Form

Kansas State Veterinary DIAGNOSTIC LABORATORY

Accession Number

TOXICOLOGY

- ☐ Trace mineral panel (Ca, Co, Cr, Cu, Fe, K, Mg, Mn, Mo, Na, P, Se, Zn)
- ☐ Heavy metal screen (As, Cd, Pb, Tl, Hg)
- ☐ Single Element (any above listed elements) _____
- ☐ Nitrate
- ☐ Mycotoxin ELISA
- ☐ Plant/Seed Identification
- ☐ Blue-Green Algae
- ☐ Rumen pH
- ☐ Other _____

MOLECULAR SEQUENCING

Description (microbe species, results requested, reason for testing):

_____

- ☐ Metagenomic Sequencing
- ☐ Rotavirus Group A-VP7 Sequencing
- ☐ Bovine Viral Diarrhea Virus 5'UTR Sequencing
- ☐ Other: _____

CLINICAL PATHOLOGY

- ☐ NEFA - Non Esterified Fatty Acids
- ☐ Urea Nitrogen
- ☐ Bovine Postmortem Hypomagnesemia Panel
- ☐ Other _____

OTHER TESTS NOT LISTED

_____

Please visit our test and fees at www.KSVDL.org for current tests, prices, and acceptable samples.

CLINICAL HISTORY & COMMENTS

☐ *Pathologist's Discretion - The diagnostician will select the best testing based upon the history and clinical signs you describe in this section.*

ANIMAL IDENTIFICATION INFORMATION*

* Spreadsheets including animal ID information may be attached to this form or e-mailed to: receiving@vet.k-state.edu

TUBE#	ANIMAL ID	BREED	SEX	AGE/DOB	WEIGHT	SAMPLE DATE

OPENED BY

Courier Record: ☐ Courier ☐ FedEx ☐ Hand Delivered ☐ Mail ☐ UPS

Coolant Record: ☐ Coolant Pack ☐ Dry Ice ☐ Frozen ☐ Warmer ☐ None

Sample Condition: ☐ Good ☐ Broken ☐ Leaked ☐ Other _____

Reset Form