



Kansas State Veterinary  
DIAGNOSTIC LABORATORY

# BOVINE SUBMISSION FORM

Kansas State Veterinary Diagnostic Laboratory  
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Phone: (866) 512-5650 Fax: (785) 532-4835  
[www.ksvdl.org](http://www.ksvdl.org)

Laboratory Use Only

Case Coordinator

\_\_\_\_\_



Accession Number

Panel

\_\_\_\_\_

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
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### 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  
BARBIURATES  Yes  No  
 Gross Only Necropsy  
- Do not check if additional testing will be added.  
 Necropsy & Additional Testing  
(indicated elsewhere)  
 Necropsy & Tests at Pathologists Discretion  
 Disposal (default if none selected)

### MOLECULAR DIAGNOSTICS (PCR)

Anaplasmosis  
 Test Individually  Pool \_\_\_\_\_ Samples/pool (max 5)  
 BVD  
 Test Individually  Pool \_\_\_\_\_ Samples/pool  
 *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*

### PARASITOLOGY

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

### BACTERIOLOGY/MYCOLOGY

Organism(s) suspected: \_\_\_\_\_  
Antibiotics used: \_\_\_\_\_  None  
Date of last dose: \_\_\_\_\_  
 Aerobic Culture, Includes Salmonella enrichment, if applicable  
 Aerobic Susceptibility  
 Mycoplasma Culture  
 Anaerobic Culture  
 Campylobacter Culture  
 Bulk Tank Milk Culture  
 Bulk Tank Mycoplasma Milk Culture  
 Individual Milk Culture  
 Individual Mycoplasma Milk Culture

### PANELS

Neonatal Diarrhea PCR Panel  
 Viral  Bacterial / Protozoal  Both  
 Respiratory PCR Panel  
 Viral  Bacterial  Both  
 Abortion Bacterial Culture Panel  
 Abortion Serology Panel  
 Abortion Tissue PCR Panel  
 Bovine Pinkeye (IBK) Real-time PCR Panel

### SEROLOGY

Anaplasmosis ELISA  
 Bluetongue Virus ELISA  
 Bovine Leukemia (BLV) ELISA  
 Bovine Pregnancy Test  
 Brucella BAPA (default)  
 Brucella Card (MX export)  
 Epizootic Hemorrhagic Disease (EHD)  
AGID  
 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  
 Virus Isolation

### HISTOPATHOLOGY

Histopathology  
 Immunohistochemistry (specify): \_\_\_\_\_  
 FA-Clostridium

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.



**TOXICOLOGY**

- Trace mineral panel (Ca, Co, Cr, Cu, Fe, K, Mg, Mn, Mo, Na, P, Se, Zn)
- Heavy metal screen (As, Cd, Pb, TI, Hg)
- Nitrate
- Blue-Green Algae
- Other \_\_\_\_\_

**OTHER TESTS NOT LISTED** \_\_\_\_\_

**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](mailto: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 \_\_\_\_\_