



Kansas State Veterinary  
DIAGNOSTIC LABORATORY

# CAMELID 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	Species	Age/DOB	Sex	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 \_\_\_\_\_

## HISTOPATHOLOGY

- Biopsy Extended Report/Dermatopathology (includes: diagnosis, histologic description, comments)  
 Biopsy Routine Report (includes: diagnosis, comments)  
 Immunohistochemistry (specify): \_\_\_\_\_

## BACTERIOLOGY/MYCOLOGY

Organism(s) suspected: \_\_\_\_\_

Antibiotics used: \_\_\_\_\_  None

Date of last dose: \_\_\_\_\_

- Aerobic Culture, Includes Salmonella enrichment, if applicable  
 Aerobic Susceptibility  
 Fungal Culture  
 Anaerobic Culture  
 Campylobacter Culture

## PARASITOLOGY

- Fecal Float  
 Qualitative  Quantitative  Both  
 Fecal Direct Smear  
 Fluke Egg Recovery (Sedimentation)  
 Parasite Identification

## SEROLOGY

- Blue Tongue ELISA  
 Aspergillosis (AGID)  
 Brucella BAPA (default)  
 Camelid IgG (RID)  
 Coccidiomycosis (AGID)  
 Epizootic Hemorrhagic Disease (AGID)  
 Histoplasmosis (AGID)  
 Johne's Disease (ELISA)  
 Leptospirosis 6 serovar (MAT)

## VIROLOGY

- Bovine Viral Diarrhea (BVD) Type 1 SN  
 Bovine Viral Diarrhea (BVD) Type 2 SN

## MOLECULAR DIAGNOSTICS (PCR)

- Bovine Viral Diarrhea Virus (BVD)  
 Test Individually  Pool \_\_\_\_\_ Samples/pool  
 Chlamydia  
 Clostridium perfringens culture + PCR  
 Leptospira (pathogenic)  
 Mycobacterium avium subsp. Paratuberculosis  
 Johne's Direct (Fecal)  
 Mycoplasma species  
 Salmonella (PCR & DNA Extraction 1-5)  
 West Nile Virus

