



Kansas State Veterinary  
DIAGNOSTIC LABORATORY

# EXOTIC, WILDLIFE & ZOO ANIMAL 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](http://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 \_\_\_\_\_

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

**OWNER/PRODUCER**

Owner Name \_\_\_\_\_

Business/Premise \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fax or E-mail \_\_\_\_\_

**ANIMAL IDENTIFICATION:** If more than one animal, please use the Multiple Animal Submission Form

Animal ID	Species	Breed	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)

# of biopsies or masses \_\_\_\_\_ (Additional charges after 3)

Incisional  Excisional  Punch  Tru-Cut

Size \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ cm Location \_\_\_\_\_

Growth Pattern (expansion, invasion, pedunculation, etc.) \_\_\_\_\_

Rate of Growth \_\_\_\_\_

Duration \_\_\_\_\_

Are margins submitted?  Yes  No

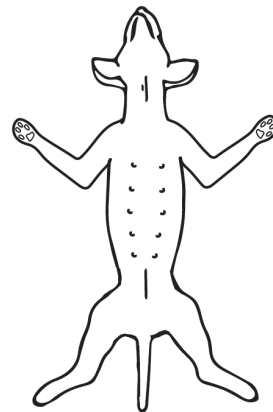
History of recurrence?  Yes  No

Immunohistochemistry (specify) \_\_\_\_\_

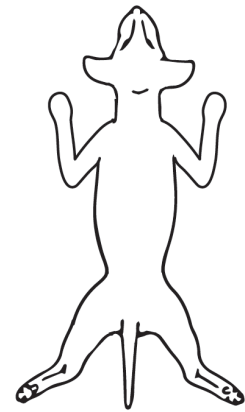
Chronic Wasting Disease (CWD) IHC

• Collection date: \_\_\_\_\_

• County of Collection: \_\_\_\_\_



Ventral



Dorsal

**BACTERIOLOGY/MYCOLOGY**

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

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

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

Aerobic Culture, Includes Salmonella enrichment, if applicable

Aerobic Susceptibility

Fungal Panel

Anaerobic Culture

Campylobacter Culture

Ruminant Abortion Bacterial Culture Panel

\*Includes Brucella, Campylobacter & general aerobic cultures

**MOLECULAR DIAGNOSTICS (PCR)**

Avian Influenza

Bordetella avium

Bordetella bronchiseptica

BVD

Canine Distemper

Chlamydia

Clostridium perfringens culture + PCR

Exotic Newcastle Virulent Determinant

Exotic Newcastle

Leptospira (pathogenic)

Mycobacterium (Johne's)

Mycoplasma species

Salmonella (PCR & DNA Extraction 1-5)

Tritrichomonas foetus

West Nile Virus

Veterinarian \_\_\_\_\_

Owner Name \_\_\_\_\_

Exotic, Wildlife, Zoo Form



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**NECROPSY & DISPOSAL**

Date of Death \_\_\_\_\_

Animal was Euthanized  Yes  No

- Gross Only Necropsy  
- Do not check if additional testing will be added.
- Necropsy and Additional Testing  
(indicated elsewhere)
- Necropsy and Tests at Pathologists Discretion
- Disposal **(default if none selected)**
- Cremation

**VIROLOGY**

- BVD Type 1 (SN)
- BVD Type 2 (SN)
- Canine Distemper (SN)
- Vesicular Stomatitis (SN)
- Virus Isolation

**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)
- Other \_\_\_\_\_

**SEROLOGY**

- Aspergillosis (AGID)
- Avian Influenza (AGID)
- Brucella BAPA (default)
- Caprine Arthritis Encephalitis Virus (CAE) &
- Ovine Progressive Pneumonia (OPP)- (ELISA)
- Coccidioidomycosis (AGID)
- Cryptococcus Screen (LA)
- Cryptococcus Titer (LA)
- Epizootic Hemorrhagic Disease (AGID)
- Feline Infectious Peritonitis (IFA)
- Histoplasmosis (AGID)
- Johne's Disease (ELISA)
- Leptospiriosis 6 serovar* (MAT)
- Serum Pregnancy Test (ELISA)
- Toxoplasma (AGG)

**PARASITOLOGY**

- Fecal Float  
 Qualitative  Quantitative  Both
- Baermann test for lungworms
  - Cryptosporidium Fecal Float
  - Diful (Heartworm)
  - Fecal Direct Smear
  - Feline Heartworm Antibody Test
  - Fluke Egg Recovery (Sedimentation)
  - Giardia
  - Heartworm Antigen Test
  - Knott's (Heartworm)
  - Parasite Identification

Accession Number

**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.*

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 \_\_\_\_\_