



Kansas State Veterinary
DIAGNOSTIC LABORATORY

FELINE 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



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 _____

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 _____

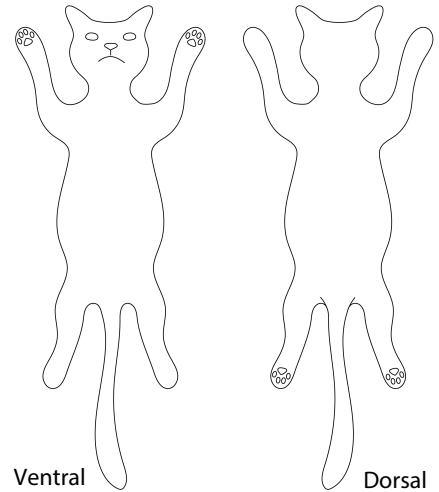
Duration _____

Are margins submitted? Yes No

History of recurrence? Yes No If Yes, Previous Accession Number: _____

Immunohistochemistry (specify): _____

Special stains (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

MOLECULAR DIAGNOSTICS (PCR)

- Bordetella bronchiseptica*
 Feline Panleukopenia Virus (FPLV)
 Haemoplasma (*M. haemofelis* & *M. haemominutum*)
 Mycoplasma species
 Salmonella (DNA extraction 1-5)
 Tritrichomonas foetus

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 _____

Feline 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

TOXICOLOGY

- Heavy metal screen (As, Cd, Pb, Tl, Hg)
- Other _____

SEROLOGY

Cryptococcus Latex Agglutination

- Screen Titer
- Aspergillosis (AGID)
- FIV/FeLV Combo
- Infectious Peritonitis (IFA)
- Histoplasmosis (AGID)
- Toxoplasma (ELISA)

VIROLOGY

- Calicivirus (SN)
- Herpesvirus (SN)
- Panleukopenia Virus (HI)

PARASITOLOGY

- Baermann test for lungworm
- Fecal Float (qualitative)
- Fluke Egg Recovery (Sedimentation)
- Giardia* fecal Antigen test
- Giardia* fecal float
- Heartworm Antibody
- Heartworm Antigen test (ELISA)
- Heartworm microfilaria DIFIL test
- Heartworm microfilaria Knot's test
- Occult blood (feces)
- Parasite Identification
- Tritrichomonas* culture

OTHER TESTS NOT LISTED _____

HISTORY (Include clinical signs, differential diagnoses, antibiotic use, vaccine history, duration, number of animals affected, etc.)
If more space is needed, please continue on and attach additional page.

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 _____