



Kansas State Veterinary
DIAGNOSTIC LABORATORY

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



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.



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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 _____

OTHER TESTS NOT LISTED _____

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

CLINICAL HISTORY & COMMENTS

Accession Number

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 _____