



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](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 \_\_\_\_\_

## 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 \_\_\_\_\_

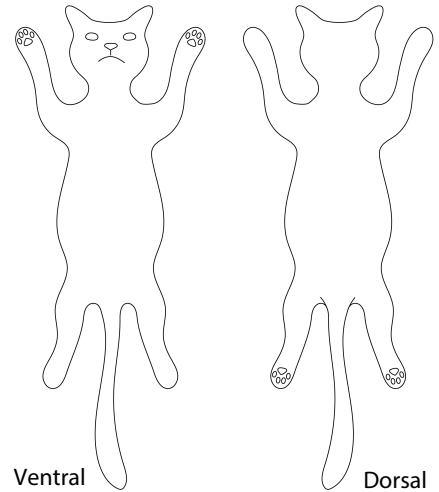
Duration \_\_\_\_\_

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**

- 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) \_\_\_\_\_
- Mycotoxin ELISA
- Plant/Seed Identification
- Blue-Green Algae
- pH
- Other \_\_\_\_\_

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

Please visit our test and fees at [www.KSVDL.org](http://www.KSVDL.org) for current tests, prices, and acceptable samples.

**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.

**SEROLOGY**

- Cryptococcus Latex Agglutination  
 Screen  Titer
- Aspergillosis (AGID)
- FIV/FeLV Combo
- Histoplasmosis (AGID)
- Toxoplasma (ELISA)

**VIROLOGY**

- Calicivirus (SN)
- Herpesvirus (SN)
- Infectious Peritonitis (IFA)
- 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

Pathologist's Discretion - The diagnostician will select the best testing based upon the history and clinical signs you describe in this section.

OPENED BY <input type="text"/>	<b>Courier Record:</b> <input type="checkbox"/> Courier <input type="checkbox"/> FedEx <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Mail <input type="checkbox"/> UPS
	<b>Coolant Record:</b> <input type="checkbox"/> Coolant Pack <input type="checkbox"/> Dry Ice <input type="checkbox"/> Frozen <input type="checkbox"/> Warmer <input type="checkbox"/> None
	<b>Sample Condition:</b> <input type="checkbox"/> Good <input type="checkbox"/> Broken <input type="checkbox"/> Leaked <input type="checkbox"/> Other _____