



GENERAL SUBMISSION FORM

KANSAS STATE VETERINARY DIAGNOSTIC LABORATORY
Mosier D-117, 1800 Denison Avenue, Manhattan, KS 66506-5601
Phone (785)-532-5650; Toll Free (866)-512-5650; Fax (785) 532-4481;
Web www.ksvdl.org

KSVDL Use Only

OFFICE USE ONLY

Panel: _____ Case Coordinator(s): _____

Acct #: _____ Internal Ref # _____

Veterinarian: _____

Clinic: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Fax: _____

Results via: Fax E-mail: _____

Owner/Producer: _____

Business/Premise ID: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

OK for results to go to owner

Third Party Billing: Name: _____
Address: _____

Third Party Results: Name: _____
Address: _____

ANIMAL IDENTIFICATION If >1 animal, continue on Multiple Animal Submission Form, which can be found at www.ksvdl.org

Animal Identification	Species	Breed	Sex	Age	Collection Date
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered/Spayed		

SPECIMEN(S) SUBMITTED:

<input type="checkbox"/> Tissue (s) _____	<input type="checkbox"/> Fetus	<input type="checkbox"/> Swab (specify) _____
<input type="checkbox"/> Whole Blood	<input type="checkbox"/> Milk	<input type="checkbox"/> Culture plate / isolate
<input type="checkbox"/> Whole Body	<input type="checkbox"/> Urine	<input type="checkbox"/> Feed / Water
<input type="checkbox"/> Biopsy	<input type="checkbox"/> Feces	<input type="checkbox"/> Semen
<input type="checkbox"/> Serum		<input type="checkbox"/> Other (specify) _____

Necropsy: Euthanized? Yes No

Necropsy Only Necropsy and tests requested on next page Fixed tissue(s) from necropsy

Necropsy and Histopath Necropsy and tests at pathologist discretion

Surgical Biopsy

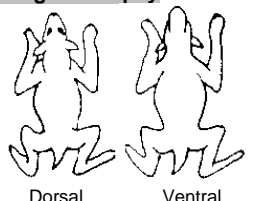
of biopsies or masses _____ (Additional charges after 3) Incisional Excisional

Size _____ x _____ x _____ cm Location _____

Color, texture, shape and presence of capsule Growth pattern (expansion, invasion, pedunculation, etc.) _____

Duration _____ Rate of Growth _____

Are margins submitted? Yes No Unknown History of recurrence _____



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 an additional page.

Testing at lab discretion if no tests requested on following page.

Date Submitted to KSVDL: _____

****Select specific tests on following page****

This submission form is a legal and binding contract between KSVDL and the submitting entity. Specimens submitted become the property of the KSVDL. All fees, to include collection fees, are the responsibility of the submitting entity and all entities must adhere to the billing policy. Fees may be paid by check (payable to KDAS), credit card, money order, or electronic bank transfer. A 1.5% finance charge will be assessed on all charges over 30 days. Rev 10/1/2012 gah

Not all available tests are listed below. For a complete list of tests, please refer to the Fee Schedule, available online at www.ksvdl.org or Toll-Free at 866-512-5650

IKSVDL Use Only

KEY:

AGG = latex agglutination
 AGID = agar gel immuno diffusion
 APP = *Actinobacillus pleuropneumoniae*
 cELISA = competitive enzyme-linked immunosorbent assay
 ELISA = enzyme-linked immunosorbent assay
 IFA = indirect fluorescent antibody
 IgG = immunoglobulin G
 IgM = immunoglobulin M

MAP = *Mycobacterium avium* subsp. *paratuberculosis*
 MAT = microscopic agglutination test
 PAG = plate agglutination
 PCR = polymerase chain reaction
 PRRS = porcine reproductive & respiratory syndrome
 RAPD = random amplification of polymorphic DNA
 SN = serum neutralization
 TLC = Thin Layer Chromatography

BACTERIOLOGY / MYCOLOGY

Has the animal been given antibiotics within the last 2 weeks? ____ Yes ____ No

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Aerobic Culture | <input type="checkbox"/> Susceptibility
<small>Includes Salmonella enrichment if applicable</small> | <input type="checkbox"/> <i>Clostridium perfringens</i> Genotyping (PCR) | <input type="checkbox"/> Mycoplasma Culture |
| <input type="checkbox"/> Anaerobic Culture | <input type="checkbox"/> Susceptibility | <input type="checkbox"/> <i>E. coli</i> K99 (AGG)
<small>(only on calves < 7 days of age)</small> | <input type="checkbox"/> <i>Mycoplasma bovis</i> (PCR) |
| <input type="checkbox"/> Anaplasmosis (PCR) | | <input type="checkbox"/> <i>E. coli</i> pilus/toxin Multiplex (PCR) | <input type="checkbox"/> <i>Mycoplasma hyopneumoniae</i> (PCR) |
| <input type="checkbox"/> APP Serotyping (PAG) | | <input type="checkbox"/> Fungal Culture | <input type="checkbox"/> <i>Mycoplasma</i> spp. (PCR) |
| <input type="checkbox"/> APP (PCR) | | <input type="checkbox"/> John's (MAP) Culture (8 weeks) | <input type="checkbox"/> <i>Pasteurella multocida</i> (RAPD-PCR) |
| <input type="checkbox"/> APP Genotyping (RAPD-PCR) | | <input type="checkbox"/> John's (MAP) Direct Fecal (PCR) | <input type="checkbox"/> Salmonella Enrichment (PCR) |
| <input type="checkbox"/> <i>Bordetella avium</i> (PCR) | | <input type="checkbox"/> <i>Haemophilus parasuis</i> (PCR) | <input type="checkbox"/> <i>Salmonella</i> spp. (PCR) |
| <input type="checkbox"/> <i>Bordetella bronchiseptica</i> (PCR) | | <input type="checkbox"/> <i>Histophilus somni</i> (RAPD-PCR) | <input type="checkbox"/> Streptococcus Multiplex (PCR) |
| <input type="checkbox"/> <i>Bordetella bronchiseptica</i> (RAPD-PCR) | | <input type="checkbox"/> Leptospira -pathogenic (PCR) | <input type="checkbox"/> <i>Streptococcus equi</i> (PCR) |
| <input type="checkbox"/> Campylobacter Culture | | <input type="checkbox"/> <i>Moraxella bovis/ovis/bovocoli</i> , etc. (RAPD-PCR) | <input type="checkbox"/> <i>Streptococcus suis</i> (PCR) |
| <input type="checkbox"/> <i>Chlamydia</i> spp (PCR) | | | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> <i>Clostridium difficile</i> toxin (ELISA) | | | |

PARASITOLOGY

- | | | |
|---|---|--|
| <input type="checkbox"/> Baermann Lungworm | <input type="checkbox"/> Float Combo Qualitative & Quantative | <input type="checkbox"/> Occult Blood |
| <input type="checkbox"/> Crypto Float | <input type="checkbox"/> Float (Qualitative) | <input type="checkbox"/> <i>Tritrichomonas foetus</i> (PCR) |
| <input type="checkbox"/> Difil (Heartworm) | <input type="checkbox"/> Float (Quantative) | <input type="checkbox"/> <i>Tritrichomonas</i> spp. (PCR) |
| <input type="checkbox"/> Direct Smear | <input type="checkbox"/> Giardia Float | <input type="checkbox"/> <i>Tritrichomonas</i> culture, bovine |
| <input type="checkbox"/> Feline Heartworm Antibody Test | <input type="checkbox"/> Giardia Snap | <input type="checkbox"/> <i>Tritrichomonas</i> culture, feline |
| | <input type="checkbox"/> Heartworm Antigen Test | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Knott's (Heartworm) | |

SEROLOGY

- | | | |
|---|---|--|
| <input type="checkbox"/> Anaplasmosis (cELISA) | <input type="checkbox"/> Canine Distemper (SN) | <input type="checkbox"/> Leptospirosis 6 serovars (MAT) |
| <input type="checkbox"/> Blue Tongue (ELISA) | <input type="checkbox"/> Canine Parvovirus titer | <input type="checkbox"/> Lyme screen (IFA) |
| <input type="checkbox"/> Bovine Leukemia Virus (ELISA) | <input type="checkbox"/> Caprine Arthritis Encephalitis (ELISA) | <input type="checkbox"/> <i>Mycoplasma hyopneumoniae</i> (ELISA) |
| <input type="checkbox"/> Bovine IgG | <input type="checkbox"/> <i>Cryptococcus neoformans</i> (AGG) | <input type="checkbox"/> PI3 (SN) |
| <input type="checkbox"/> <i>Brucella canis</i> (Card) | <input type="checkbox"/> • EIA (AGID) – Use Separate Form | <input type="checkbox"/> PRRS (ELISA) |
| <input type="checkbox"/> <i>Brucella abortus</i> (Card) | <input type="checkbox"/> • EIA (ELISA) – Use Separate Form | <input type="checkbox"/> Rocky Mountain Spotted Fever Screen (IFA) |
| <input type="checkbox"/> BRSV (SN) | <input type="checkbox"/> <i>Ehrlichia canis</i> screen (IFA) | <input type="checkbox"/> Rocky Mountain Spotted Fever titer (IFA) |
| <input type="checkbox"/> BVD Type 1 (SN) | <input type="checkbox"/> Equine IgG | <input type="checkbox"/> Toxoplasma (AGG) |
| <input type="checkbox"/> BVD Type 2 (SN) | <input type="checkbox"/> Feline Infectious Peritonitis (IFA) | <input type="checkbox"/> West Nile Virus IgM (ELISA) |
| <input type="checkbox"/> Camelid IgG | <input type="checkbox"/> IBR (SN) | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> John's (MAP) ELISA | |

TOXICOLOGY

- | | | |
|--|--|---|
| <input type="checkbox"/> Standard Metals Panel | <input type="checkbox"/> Mycotoxin Panel | <input type="checkbox"/> Blue-Green Algae |
| <input type="checkbox"/> Extended Metals Panel | <input type="checkbox"/> Single Mycotoxin (Specify): _____ | <input type="checkbox"/> Cholinesterase |
| <input type="checkbox"/> Trace Elements Panel | <input type="checkbox"/> Nitrate | <input type="checkbox"/> Ethylene Glycol |
| <input type="checkbox"/> Single Element (Specify): _____ | <input type="checkbox"/> Cyanide | <input type="checkbox"/> Petroleum |
| <input type="checkbox"/> Lead | <input type="checkbox"/> GI Content Microscopy | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Urine drug panel (TLC) | <input type="checkbox"/> Toxic Plant ID | |

VIROLOGY

- | | |
|---|--|
| <input type="checkbox"/> Bovine Coronavirus (ELISA) <u>Fecal only</u> | <input type="checkbox"/> PRRS – NA PCR |
| <input type="checkbox"/> BRSV Antigen Capture (ELISA) | <input type="checkbox"/> PRRS – EU PCR |
| <input type="checkbox"/> Canine Distemper (PCR) | <input type="checkbox"/> PRRS – Multiplex PCR |
| <input type="checkbox"/> Electron Microscopy | <input type="checkbox"/> Rotavirus (ELISA) <u>Fecal only</u> |
| <input type="checkbox"/> Influenza Type A (ELISA) | <input type="checkbox"/> Swine Influenza Virus (VI, PCR) |
| <input type="checkbox"/> Influenza (Universal) (PCR) | <input type="checkbox"/> Virus Isolation |
| <input type="checkbox"/> Porcine Circovirus Type 2 Differential PCR | <input type="checkbox"/> West Nile Virus (PCR) |
| | <input type="checkbox"/> Other: _____ |

BVD TESTING

- BVD PCR
- Ear Biopsy (no formalin)
 - Blood / Serum
 - Tissue Tag System (ear biopsy)
- BVD IHC (Ear biopsy in formalin)
- BVD Genotyping / Sequencing

Separate form required for:

CLINICAL IMMUNOLOGY

CLINICAL PATHOLOGY

COMPARATIVE HEMATOLOGY

RABIES

SEROLOGY EXPORT

LAB USE ONLY

OPENED BY _____

COURIER RECORD

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> DHL | <input type="checkbox"/> Mail |
| <input type="checkbox"/> FedEx | <input type="checkbox"/> Exp Mail |
| <input type="checkbox"/> UPS | <input type="checkbox"/> Courier |
| <input type="checkbox"/> Hand Delivered | |

COOLANT RECORD

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Frozen | <input type="checkbox"/> Dry Ice |
| <input type="checkbox"/> Cold Pack | <input type="checkbox"/> None |
| <input type="checkbox"/> Comment _____ | |

SAMPLE CONDITION

- Good Broken Leaked Crushed Sample Split

Other: _____

MISC. INFO.: Disposal Fee \$ _____ Payment Rec'd \$ _____

Check # _____ Credit Card? Yes / No