



Kansas State Veterinary
DIAGNOSTIC LABORATORY

CAMELID 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	Species	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 routine report: includes diagnosis, comments, margins evaluations (if requested), and required special stains at pathologist's discretion for 1-3 masses or biopsies from one patient
 Extended report: routine report + histologic description
 Margin evaluation [no additional charge]
 Number of biopsies or masses (**required**) _____ (Additional charges after 3)
 Immunohistochemistry (specify): _____

BACTERIOLOGY/MYCOLOGY

- Organism(s) suspected: _____
 Antibiotics used: _____ None
 Date of last dose: _____
 Aerobic Culture
 Salmonella enrichment: *samples meeting criteria for Salmonella enrichment will have an additional charge.*
 Aerobic Susceptibility
 Fungal Culture
 Anaerobic Culture
 Campylobacter Culture

MOLECULAR DIAGNOSTICS (PCR)

- Bovine Viral Diarrhea Virus (BVD)
 Test Individually Pool _____ Samples/pool
 Chlamydia
 Clostridium perfringens culture + PCR
 Leptospira (pathogenic)
 Mycobacterium avium subsp. Paratuberculosis
 Johne's Direct (Fecal)
 Mycoplasma species
 Salmonella (PCR & DNA Extraction 1-5)
 West Nile Virus

SEROLOGY

- Blue Tongue ELISA
 Aspergillosis (AGID)
 Brucella BAPA (**default**)
 Camelid IgG (RID)
 Coccididomycosis (AGID)
 Epizootic Hemorrhagic Disease (AGID)
 Histoplasmosis (AGID)
 Johne's Disease (ELISA)
 Leptospirosis 6 serovar (MAT)

PARASITOLOGY

- Fecal Float
 Qualitative Quantitative Both
 Fecal Direct Smear
 Fluke Egg Recovery (Sedimentation)
 Parasite Identification

VIROLOGY

- Bovine Viral Diarrhea (BVD) Type 1 SN
 Bovine Viral Diarrhea (BVD) Type 2 SN
 SARS - Covid2 Virus Neutralization

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
 pH
 Other _____

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.



Accession Number

NECROPSY & DISPOSAL

Date of Death _____

Animal Was Euthanized Yes No

Barbiturates Yes No

Gross Only Necropsy
- Do not check if additional testing will be added.

Necropsy and Additional Testing
(indicated elsewhere)

Necropsy Histopathology, 1-4 Tissues

Necropsy Histopathology, 5+ Tissues

Necropsy and Tests at Pathologists Discretion

Disposal

Cremation

OTHER TESTS NOT LISTED _____

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

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.

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 _____