



www.dlab.colostate.edu  
 Phone: 970-297-1281  
 Fax: 970-297-0320

# General Sample Submission Form

**OFFICE USE ONLY**

Opened By: \_\_\_\_\_

DHL USPS FX Courier Other

Frozen Dry Ice Ice Pack RT Other Fixed

Sample Type(s): \_\_\_\_\_

Comments: \_\_\_\_\_

**VTH USE ONLY (Patient Card Here)**

Clinician/Resident: \_\_\_\_\_

Pager: \_\_\_\_\_ H-Account/Fund: \_\_\_\_\_

FedEx/UPS/Drop Off Address: CSU Veterinary Diagnostic Laboratory  
 300 West Drake Road  
 Fort Collins, CO 80526

USPS Only Address: CSU Veterinary Diagnostic Laboratory  
 200 West Lake Street  
 1644 Campus Delivery  
 Fort Collins, CO 80523-1644

Veterinarian: \_\_\_\_\_  
 Clinic: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Owner/Producer: \_\_\_\_\_  
 Business/Premise ID: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Person to be Billed:**  Veterinarian  Owner/Producer

**Report Results To:**  Veterinarian  Owner/Producer

**Send Results By:**  Fax: \_\_\_\_\_  Email: \_\_\_\_\_  Phone: \_\_\_\_\_

Avian (specify): \_\_\_\_\_  Bovine  Camelid  Canine  Caprine  
 Equine  Feline  Ovine  Porcine  Reptile/Amphibian (specify): \_\_\_\_\_  
 Wildlife/Exotic (specify): \_\_\_\_\_  Other (specify): \_\_\_\_\_

**Specimen(s)**

Whole Blood  Serum  Culture Plate Isolate  Swab (specify): \_\_\_\_\_  Milk  Urine  Feces  
 Semen  Fetus  Whole Body  Tissue(s) (specify): \_\_\_\_\_  
 Environmental (specify): \_\_\_\_\_  Other (specify): \_\_\_\_\_  Additives/Media Used: \_\_\_\_\_

**ANIMAL IDENTIFICATION (if >3 samples, continue on Multiple Animal Submission Form)**

Animal Name/ Number/ ID	Breed	Age	Sex	Collection Date

**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.

**STAT -- Additional Charge, Contact Lab for Pricing**

Results Phoned/Faxed/Emailed Date \_\_\_\_\_ Initials \_\_\_\_\_

Vet: \_\_\_\_\_ Owner: \_\_\_\_\_  
Animal ID: \_\_\_\_\_ Species: \_\_\_\_\_

**OFFICE USE ONLY**

**Separate submission forms are required for Clinical Pathology, Clinical Immunology and Necropsy.**

PANELS/SCREENS -- See User Guide for tests included

- Abortion Screen     Conjunctivitis Panel     Diarrhea Screen     Respiratory Screen     Abortion Serology Panel  
 Respiratory Serology Panel

**AVIAN DIAGNOSTICS (if more than one test type is listed, please circle desired test)**

- APMV-1 (NDV) (PCR / VI / HI / ELISA)     *M. gallisepticum* (plate test / ELISA)     Psittacosis (*Chlamydophila*) PCR     *Salmonella* Enteritidis PCR  
 Influenza (PCR / VI / HI / AGID / ELISA)     *M. synoviae* plate test     *Salmonella* - environmental     Pullorum/Typhoid plate test  
 Infectious Bronchitis Virus (IBV) ELISA     *M. gallisepticum/M. synoviae* PCR     *Salmonella* - mortality     WNV PCR

**BACTERIOLOGY (if more than one test type is listed, please circle desired test)**

- Aerobic Culture of \_\_\_\_\_     *Bacillus anthracis* PCR     Clostridial Fecal Culture     Mycobacterium Culture  
 Anaerobic Culture\*\* of \_\_\_\_\_     *Brucella* spp. PCR     *C. perfringens* Genotyping PCR     Mycoplasma\*\* (Culture / PCR)  
 Blood Culture\*\*     Campylobacter Culture     *Francisella tularensis* PCR     Q Fever (*C. burnetii*) (PCR / ELISA)  
 Urine Culture     CEM\*\* Culture     Fungal Culture     *Streptococcus equi* PCR  
 Antibiotic Susceptibility     *Clostridium perfringens* Enterotoxin     Leptospirosis PCR     *Yersinia pestis* (plague) PCR  
Milk submissions - \*Use 'Milk Sample Submission Form'\*

- Serology**
- |  |  |                                       |  |                                      |                                    |  |
|--|--|---------------------------------------|--|--------------------------------------|------------------------------------|--|
| <b>General</b>   | <b>Bovine</b>                                    | <b>Camelid</b>                        | <b>Canine</b>                                  | <b>Equine</b>                        | <b>Feline</b>                      | <b>Ovine/Caprine</b>                             |
| <input type="checkbox"/> Cryptococcus Serology   | <input type="checkbox"/> <i>Brucella abortus</i> | <input type="checkbox"/> IgG Estimate | <input type="checkbox"/> ANA                   | <input type="checkbox"/> Brucella    | <input type="checkbox"/> ANA       | <input type="checkbox"/> Brucella (caprine)      |
| <input type="checkbox"/> Fungal Serology Panel<br>(Aspergillus/Histoplasma/<br>Blastomyces/Coccidioides) | <input type="checkbox"/> IgG Estimate            | <input type="checkbox"/> IgG Quant    | <input type="checkbox"/> <i>Brucella canis</i> | <input type="checkbox"/> IgG Quant   | <input type="checkbox"/> IgA Quant | <input type="checkbox"/> Johne's AGID            |
| <input type="checkbox"/> Immunofixation  | <input type="checkbox"/> IgG Quant               | <input type="checkbox"/> Lepto-5 MAT  | <input type="checkbox"/> IgA Quant             | <input type="checkbox"/> IgG SNAP    | <input type="checkbox"/> IgG Quant | <b>Porcine</b>                                   |
| <input type="checkbox"/> Protein Electrophoresis   | <input type="checkbox"/> Johne's ELISA           |                                       | <input type="checkbox"/> IgG Quant             | <input type="checkbox"/> IgM Quant   |                                    | <input type="checkbox"/> <i>Brucella abortus</i> |
|  | <input type="checkbox"/> Lepto-5 MAT             |                                       | <input type="checkbox"/> IgM Quant             | <input type="checkbox"/> Lepto-5 MAT |                                    |  |
|  |  |                                       | <input type="checkbox"/> Lepto-5 MAT           |                                      |                                    |  |

\*\* Special Media Required; Please Contact Laboratory

Other (please specify test & species): \_\_\_\_\_

**VIROLOGY/VIROLOGY SEROLOGY (if more than one test type is listed, please circle desired test)**

- |   |   |   |   |
|---|---|---|---|
| <b>General</b>  | <b>Canine</b>   | <b>Feline</b>   | <b>Equine</b>   |
| <input type="checkbox"/> BTV PCR                          | <input type="checkbox"/> Canine adenovirus-1 (ICH) & 2 PCR  | <input type="checkbox"/> FHV SN                               | <input type="checkbox"/> EHV-1 (SN / FA)                            |
| <input type="checkbox"/> EHD PCR                          | <input type="checkbox"/> CCV FA                             | <input type="checkbox"/> FHV/ <i>Chlamydophila</i> Duplex PCR | <input type="checkbox"/> EHV-3 (SN / PCR)                           |
| <input type="checkbox"/> Rabies FA                        | <input type="checkbox"/> CDV (SN / FA / PCR)                | <input type="checkbox"/> FCV (SN / PCR)                       | <input type="checkbox"/> EHV-4 SN                                   |
| <input type="checkbox"/> Rotavirus ELISA                  | <input type="checkbox"/> CDV IgG/IgM IFA                    | <input type="checkbox"/> FPV (HI / FA / PCR / SNAP ELISA)     | <input type="checkbox"/> EHV 1 & 4 PCR                              |
|   | <input type="checkbox"/> CPV-1 (Minute virus) PCR           | <input type="checkbox"/> FIP (FA / IFA / PCR)                 | <input type="checkbox"/> EVA (SN / PCR / VI)                        |
| <b>Bovine</b>   | <input type="checkbox"/> CPV-2 (HI / FA / PCR / SNAP ELISA) | <input type="checkbox"/> FIV/FeLV SNAP ELISA                  | <input type="checkbox"/> EIA (AGID / ELISA) *Special Form Required* |
| <input type="checkbox"/> BHV-1 (IBR) (SN / FA / PCR / VI) | <input type="checkbox"/> CHV (Herpesvirus) (SN / FA / PCR)  | <input type="checkbox"/> FIV PCR                              | <input type="checkbox"/> Influenza (HI / PCR)                       |
| <input type="checkbox"/> BHV-4 PCR                        | <input type="checkbox"/> Influenza (HI / PCR)               |   | <input type="checkbox"/> VSV - IND/NJ (SN / CF)                     |
| <input type="checkbox"/> BHV-5 PCR                        |   | <b>Ovine/Caprine</b>  | <input type="checkbox"/> WEE PCR                                    |
| <input type="checkbox"/> BVD I & II (SN / PCR)            |   | <input type="checkbox"/> BTV (AGID / PCR)                     | <input type="checkbox"/> WNV (IgM ELISA / PCR)                      |
| <input type="checkbox"/> BVD (FA / VI / ELISA)            | <b>Porcine</b>  | <input type="checkbox"/> BVD (SN / FA / VI)                   |   |
| <input type="checkbox"/> BRSV (SN / FA / PCR / VI)        | <input type="checkbox"/> CSFV PCR                           | <input type="checkbox"/> CAE (AGID / PCR)                     |   |
| <input type="checkbox"/> PI3 (SN / FA / VI)               | <input type="checkbox"/> Influenza (HI / PCR)               | <input type="checkbox"/> Caprine Herpesvirus PCR              | <b>Camelid</b>  |
| <input type="checkbox"/> BCV FA                           | <input type="checkbox"/> PRRS PCR                           | <input type="checkbox"/> <i>Chlamydophila</i> PCR             | <input type="checkbox"/> BVD I & II (SN / PCR)                      |
| <input type="checkbox"/> BLV (AGID / PCR)                 | <input type="checkbox"/> PRV ELISA                          | <input type="checkbox"/> Enzootic Nasal Tumor Virus PCR       | <input type="checkbox"/> BVD (SN / FA / VI)                         |
| <input type="checkbox"/> BTV (AGID / PCR)                 | <input type="checkbox"/> TGE (SN / FA)                      | <input type="checkbox"/> Jaagsiekte Sheep Retrovirus PCR      |   |
| <input type="checkbox"/> <i>Chlamydophila</i> PCR         |   | <input type="checkbox"/> OPP (AGID / PCR)                     |   |
| <input type="checkbox"/> VSV - IND/NJ (SN / CF)           |   | <input type="checkbox"/> OHV-2 (MCF) PCR                      |   |

Other (please specify test & species): \_\_\_\_\_

**PARASITOLOGY & PARASITOLOGY COMBINATIONS (if more than one test type is listed, please circle desired test)**

- |   |  |  |
|---|--|--|
| <b>General</b>  | <b>Canine/Feline</b>   | <b>Equine</b>  |
| <input type="checkbox"/> Baermann (Qualitative / Quantitative)            | <input type="checkbox"/> Heartworm serology  | <input type="checkbox"/> Pinworm (Cellophane Tape Technique)                         |
| <input type="checkbox"/> Fecal Flotation                                  | <input type="checkbox"/> Microfilaria (Knott's Test)   | <input type="checkbox"/> Piroplasmosis cELISA ( <i>T. equi</i> & <i>B. caballi</i> ) |
| <input type="checkbox"/> Fecal Screen - Includes float, direct, IFA       | <input type="checkbox"/> <i>Giardia</i> ELISA  |  |
| <input type="checkbox"/> Parasite Identification (Internal / External)    | <input type="checkbox"/> <i>T. foetus</i> /Trichomonads (Culture - Diamonds / Culture - InPouch / PCR)   |  |
| <input type="checkbox"/> Occult Blood                                     | <input type="checkbox"/> <i>Ehrlichia</i> /Lyme/ <i>Anaplasma</i> /Heartworm Screen  |  |
| <input type="checkbox"/> Soil Analysis                                    | <input type="checkbox"/> <i>Ehrlichia canis</i> IFA (titer) <input type="checkbox"/> with <i>Ehrlichia</i> / <i>Anaplasma</i> / <i>Neorickettsia</i> PCR |  |
| <input type="checkbox"/> <i>Trichinella</i> Digest                        | <input type="checkbox"/> <i>Ehrlichia</i> / <i>Anaplasma</i> / <i>Neorickettsia</i> PCR  |  |
| <input type="checkbox"/> <i>Toxoplasma gondii</i> MAT - non canine/feline | <input type="checkbox"/> <i>Bartonella</i> spp. (PCR / ELISA - feline only) <input type="checkbox"/> <i>Bartonella</i> spp. PCR plus ELISA               |  |
| <input type="checkbox"/> <i>Cryptosporidium</i> PCR                       | <input type="checkbox"/> <i>Haemoplasma</i> spp PCR  |  |
| <input type="checkbox"/> <i>Giardia</i> PCR                               | <input type="checkbox"/> Feline Fever Panel - <i>Hemoplasma</i> / <i>Ehrlichia</i> / <i>Bartonella</i> PCR with Toxo ELISA and <i>Bartonella</i> ELISA   |  |
| <input type="checkbox"/> <i>Cryptosporidium</i> / <i>Giardia</i> IFA      | <input type="checkbox"/> Feline Blood Donor Panel - <i>Hemoplasma</i> / <i>Ehrlichia</i> / <i>Bartonella</i> PCR   |  |
|   | <input type="checkbox"/> Canine Fever/Blood Donor Panel - <i>Ehrlichia</i> / <i>Bartonella</i> / <i>Haemoplasma</i> / <i>Rickettsia</i> PCR              |  |
| <b>Ruminant/Camelid</b>   | <input type="checkbox"/> <i>Toxoplasma gondii</i> (IgG-IgM ELISA / PCR)  |  |
| <input type="checkbox"/> Sedimentation (flukes)                           | <input type="checkbox"/> <i>Neospora caninum</i> (IFA / PCR)   |  |
| <input type="checkbox"/> <i>Cryptosporidium</i> acid fast (bovine only)   | <input type="checkbox"/> RMSF IFA (titer) <input type="checkbox"/> IFA with <i>Rickettsia</i> spp. PCR   |  |
| <input type="checkbox"/> <i>Toxoplasma gondii</i> PCR                     | <input type="checkbox"/> <i>Rickettsia</i> spp. PCR  |  |
| <input type="checkbox"/> <i>Neospora</i> cELISA                           |  |  |
| <input type="checkbox"/> <i>T. foetus</i> (Culture - InPouch / PCR)       |  |  |

Other (please specify test & species): \_\_\_\_\_

**ENDOCRINOLOGY**

- |  |  |   |
|--|--|---|
| <b>Canine</b>  | <b>Feline</b>                                  | <b>Equine</b>   |
| <input type="checkbox"/> Total T4                    | <input type="checkbox"/> Total T4              | <input type="checkbox"/> ACTH Stimulation (pre/post)                  |
| <input type="checkbox"/> Insulin Concentration       | <input type="checkbox"/> Insulin Concentration | <input type="checkbox"/> Dexamethasone Suppression (low or high dose) |
| <input type="checkbox"/> Endogenous ACTH             |  | <input type="checkbox"/> Endogenous ACTH                              |
| <input type="checkbox"/> Phenobarbital Concentration |  | <input type="checkbox"/> Insulin Concentration                        |
| <input type="checkbox"/> ACTH Stimulation (pre/post) |  | <input type="checkbox"/> Total T4                                     |
|  |  | <input type="checkbox"/> Basal Cortisol                               |

**CHEMISTRY/TOXICOLOGY**

- |                                 |                                  |                                    |                                  |                                  |
|---------------------------------|----------------------------------|------------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Copper | <input type="checkbox"/> w/Histo | <input type="checkbox"/> Selenium  | <input type="checkbox"/> Bromide | <input type="checkbox"/> Lead    |
| <input type="checkbox"/> Iron   | <input type="checkbox"/> w/Histo | <input type="checkbox"/> Vitamin A | <input type="checkbox"/> Calculi | <input type="checkbox"/> Arsenic |
| <input type="checkbox"/> Zinc   | <input type="checkbox"/> w/Histo | <input type="checkbox"/> Vitamin E | <input type="checkbox"/> Nitrate | <input type="checkbox"/> Mercury |

Other: \_\_\_\_\_

**PATHOLOGY**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Histopathology                                     | <input type="checkbox"/> Necropsy (separate form required)                  | <input type="checkbox"/> Histopath Mailers Needed |
| <input type="checkbox"/> Pathologist Requested _____                        | <input type="checkbox"/> 2nd Opinion Histopathology                         | <input type="checkbox"/> Mast Cell Tumor Profile  |
| <input type="checkbox"/> Clinical Dermatology Consultation (Additional Fee) | <input type="checkbox"/> Liver Panel (Histo, Copper Quant & Special Stains) | <input type="checkbox"/> IHC for _____            |
|   | <input type="checkbox"/> Endometrial Biopsy                                 |   |