

Lab. Accession No. _____

Date Received _____

Date Bled _____

Species _____

No. in Herd _____

No. Samples _____

Phone or Fax Results Phone No. _____ Fax No. _____

Laboratory Tests Desired _____

Reason for Test _____

SEROLOGY REQUEST FORM

Veterinary Diagnostic Laboratory

1523 Centennial Blvd.

North Dakota State University

Fargo, North Dakota 58105

Phone (701) 231-8307 Fax (701) 231-7514

Veterinarian _____

Address _____

Owner _____

Address _____

County of Origin _____

Paired Acute/Convalescent? Yes No

Previous Accession No. _____

| Tube No. | Identification No. | Vacc. Tattoo | Age | Breed | Sex | Brucella | ANA | BT | BL | WNV | John's | OPP | PRV | PRRS | Leptospirosis | | | | | | NEO | IBR | BVD | CAE | Other | | |
|----------|--------------------|--------------|-----|-------|-----|----------|-----|----|----|-----|--------|-----|-----|------|---------------|---|---|---|---|----|-----|-----|-----|-----|-------|--|--|
| | | | | | | | | | | | | | | | P | C | G | I | H | Br | | | | | | | |
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CERTIFICATION

I certify that I have collected and correctly identified each blood sample listed above.

Signature _____ Date _____

Vet. License No. _____

Check here for more forms

FOR LABORATORY USE ONLY

No. Tested _____ No. Neg. _____ No. Pos. _____ Other _____

No. Not Tested _____ Reason Not Tested _____

Remarks _____

Signature _____ Date Reported _____

* Br = Bratislava, P = Pomona, C = Canicola, G = Grippotyphosa, I = Icterohemorrhagiae, H = Hardjo, ANA = Anaplasmosis, BT = Bluetongue, BL - Bovine Leukosis, PRV = Pseudorabies Virus, PRRS = Porcine Reproductive & Respiratory Syndrome, NEO = Neospora, WNV = West Nile Virus

- Anaplas, C-ELISA, antigen _____
- Bluetongue C-ELISA antigen _____
- Bov. Leuk. ELISA antigen _____
- John's ELISA antigen _____
- Neospora C-ELISA antigen _____
- PRV cELISA antigen _____
- PRRS ELISA antigen _____
- Brucella Card antigen _____
- Brucella Plate antigen _____
- Brucella ovis antigen _____
- Other _____