

# NDSU VETERINARY DIAGNOSTIC LABORATORY - HERD SEROLOGY/PCR SUBMISSION FORM

Phone 701.231.8307 or 701.231.7527

Fax 701.231.7514

www.vdl.ndsu.edu

Date shipped \_\_\_\_\_

Date received \_\_\_\_\_

| CASE NO.  |  |
|---|--|
|   |  |
| <input type="checkbox"/> MISSING<br><input type="checkbox"/> LEAKING<br><br><input type="checkbox"/> MAIL <input type="checkbox"/> UPS <input type="checkbox"/> FED EX<br><input type="checkbox"/> HAND DELIVER <input type="checkbox"/> OTHER<br><br>Results: <input type="checkbox"/> Faxed<br><input type="checkbox"/> Emailed<br><input type="checkbox"/> Mailed<br><br>Date ____/____/____    Initials _____<br><br><b>This area for laboratory use only</b> |  |

Veterinarian's phone no. \_\_\_\_\_ Fax no. \_\_\_\_\_

Report by:     Fax    or     Email     Email address \_\_\_\_\_

Report to owner:     Yes     No                      Veterinarian \_\_\_\_\_

Owner \_\_\_\_\_                      Clinic \_\_\_\_\_

Address \_\_\_\_\_                      Address \_\_\_\_\_

City \_\_\_\_\_                      City \_\_\_\_\_

State \_\_\_\_\_    ZIP \_\_\_\_\_                      State \_\_\_\_\_    ZIP \_\_\_\_\_

Species \_\_\_\_\_                      Export Destination \_\_\_\_\_

**SPECIMENS SUBMITTED:**    Number Submitted \_\_\_\_\_    Date Collected \_\_\_\_/\_\_\_\_/\_\_\_\_

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Blood (clotted)              | <input type="checkbox"/> Feces                        | <input type="checkbox"/> Whole Blood (EDTA) |
| <input type="checkbox"/> Blood (serum separator tube) | <input type="checkbox"/> Preputial Washings           | <input type="checkbox"/> Other _____        |
| <input type="checkbox"/> Ear Notches                  | <input type="checkbox"/> Serum                        |   |
| <input type="checkbox"/> Acute/Convalescent Samples   | <input type="checkbox"/> Previous Accession No. _____ |   |

## EXAMINATIONS REQUESTED (You must also fill out and attach a copy of the Sample ID form)

**Serology** – Please see our website or fee schedule for additional serology tests available

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Anaplasma c-ELISA  | <input type="checkbox"/> <i>Brucella ovis</i> ELISA | <input type="checkbox"/> <i>Leptospira</i> MAT                     |
| <input type="checkbox"/> Bluetongue c-ELISA   | <input type="checkbox"/> BRSV SN                    | <input type="checkbox"/> <i>Neospora</i> c-ELISA                   |
| <input type="checkbox"/> Bovine Abortion Serology<br>(Lepto, Neospora, IBR, BVDV-1, BVDV-2)                     | <input type="checkbox"/> BVDV-1 SN                  | <input type="checkbox"/> PI-3 SN                                   |
| <input type="checkbox"/> Bovine Leukosis ELISA  | <input type="checkbox"/> BVDV-2 SN                  | <input type="checkbox"/> Small Ruminant Lentivirus (OPP/CAE) ELISA |
| <input type="checkbox"/> Brucellosis – please indicate if a specific test<br>is required: BAPA SPT RIVANOL CARD | <input type="checkbox"/> IBR SN                     | <input type="checkbox"/> Other (s) _____                           |
|   | <input type="checkbox"/> Johne's Disease ELISA      | _____  |

**Molecular Diagnostics (PCR)** – Please see our website or fee schedule for additional PCR tests available

- |   |                                     |  |
|---|-------------------------------------|--|
| <input type="checkbox"/> Bovine Viral Diarrhea Virus  | <input type="checkbox"/> Individual | <input type="checkbox"/> Pool (up to 15 in pool) |
| <input type="checkbox"/> Johne's Disease (feces)      | <input type="checkbox"/> Individual | <input type="checkbox"/> Pool (up to 5 in pool)  |
| <input type="checkbox"/> <i>Tritrichomonas foetus</i> | <input type="checkbox"/> Individual | <input type="checkbox"/> Pool (up to 5 in pool)  |
| <input type="checkbox"/> Other(s) _____               |                                     |  |

## Special Requests

**Instructions:** After completing this form and the sample ID form, enclose a copy of each form with the samples and also email a copy to [ndsu.vetlab@ndsu.edu](mailto:ndsu.vetlab@ndsu.edu).

**Post Office Mail Address:** Veterinary Diagnostic Lab, NDSU Dept 7691, PO Box 6050, Fargo, ND 58108-6050

**UPS/Fed Ex Address:** Veterinary Diagnostic Lab, NDSU Van Es Hall, 1523 Centennial Blvd., Fargo, ND 58102

- The NDSU VDL reserves the right to subcontract any work required to complete testing. Any subcontracted work will be indicated as such on the laboratory report.
- The submitter is responsible for adherence to sample shipping regulations. No human or non-human primate samples will be accepted.
- This submission form is a contract between NDSU VDL and the submitter. All fees incurred are the responsibility of the submitter. Specimens including carcasses, tissues and agents isolated from specimens, become the property of NDSU VDL.

This area for laboratory use only