

# NDSU VETERINARY DIAGNOSTIC LABORATORY - GENERAL SUBMISSION FORM

Phone 701.231.8307 or 701.231.7527

Fax 701.231.7514

www.vdl.ndsu.edu

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

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

**CASE NO.**

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

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

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

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

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

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

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

Species \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_

Animal ID(s) \_\_\_\_\_ Previous Case # \_\_\_\_\_

# Animals in Herd \_\_\_\_\_ # Animals in Affected Group \_\_\_\_\_ # Sick \_\_\_\_\_ # Dead \_\_\_\_\_

\_\_\_\_\_

- FIXED JARS \_\_\_\_\_ BAGS \_\_\_\_\_
- FRESH BAGS \_\_\_\_\_  ICE PACK
- AUTOLYZED  DAMAGED
- MISSING
- MAIL  UPS  COURIER
- HAND DELIVER
- LEGAL CASE
- Results:  Faxed  Emailed  Mailed
- Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Initials \_\_\_\_\_
- This area for laboratory use only**

Check here if photos or documents pertaining to this case were emailed to the lab (ndsu.vetlab@ndsu.edu)

**SPECIMENS SUBMITTED:** Date Samples Collected \_\_\_\_/\_\_\_\_/\_\_\_\_ Whole animals: # \_\_\_\_\_  Euthanized  Died Date of Death \_\_\_\_/\_\_\_\_/\_\_\_\_

If submitting samples from more than one animal, please label samples and indicate number of samples submitted.

|           | Fixed | Fresh | Fixed  | Fresh | Fixed     | Fresh | #Submitted | #Submitted      | #Submitted |             |       |          |       |
|-----------|-------|-------|--------|-------|-----------|-------|------------|-----------------|------------|-------------|-------|----------|-------|
| Brain     | _____ | _____ | Liver  | _____ | Kidney    | _____ | _____      | Blood (clotted) | _____      | Feed        | _____ |          |       |
| Heart     | _____ | _____ | Spleen | _____ | Placenta  | _____ | _____      | Stom. cont.     | _____      | Whole Blood | _____ | Water    | _____ |
| Intes, lg | _____ | _____ | Lung   | _____ | Ear Notch | _____ | _____      | Milk            | _____      | Serum       | _____ | Slides   | _____ |
| Intes, sm | _____ | _____ | LN     | _____ | Biopsy    | _____ | _____      | Urine           | _____      | Swab        | _____ | Fluid    | _____ |
|           |       |       |        |       |           |       |            | Hair            | _____      | (source)    | _____ | (source) | _____ |

**EXAMINATIONS REQUESTED** (unless GENERAL INVESTIGATION is marked, ONLY the indicated tests will be performed)

- GENERAL INVESTIGATION (Discretion of Lab)  TOXICOLOGY  CLINICAL PATHOLOGY  SEROLOGY
- NEONATAL SCOUR SCREEN  BACTERIOLOGY  VIROLOGY  IMMUNOHISTOCHEMISTRY
- ABORTION SCREEN  WITH SEROLOGY  HISTOPATHOLOGY  CYTOLOGY  OTHER \_\_\_\_\_
- ABORTION SCREEN WITH TRACE MINERAL  MOLECULAR DIAGNOSTICS (PCR)  PARASITOLOGY \_\_\_\_\_

RABIES:  HUMAN EXPOSURE (ALSO COMPLETE PAGE 2)  NON-HUMAN EXPOSURE  LEGAL CASE (extra fee applies)

**TENTATIVE DIAGNOSIS AND SPECIAL REQUESTS** \_\_\_\_\_

**CLINICAL SIGNS:**  CNS  Enteric  Respiratory  Reproductive  Other \_\_\_\_\_

**HISTORY** (duration, treatment, vaccination, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Continued on Page 2

**NUTRITION** \_\_\_\_\_

**NECROPSY DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Necropsy Findings** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Continued on Page 2

CHECK IF YOU **DON'T** WANT YOUR INSULATED SHIPPING CONTAINER RETURNED

This area for laboratory use only

Vet. \_\_\_\_\_ Owner \_\_\_\_\_

Case no. \_\_\_\_\_

**Additional History or Necropsy Notes from first page:**

Empty box for notes.

**ADDITIONAL INFORMATION FOR HUMAN EXPOSURE RABIES SPECIMENS**

Name of Person Exposed \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Physician \_\_\_\_\_ Address \_\_\_\_\_

Site of Exposure \_\_\_\_\_ Date of Exposure \_\_\_\_/\_\_\_\_/\_\_\_\_

**CIRCLE SYMPTOMS**

- |                   |                 |                                   |                |                       |
|-------------------|-----------------|-----------------------------------|----------------|-----------------------|
| Sick              | Paralysis       | Convulsions                       | Incoordination | Change in Disposition |
| Ocular Discharge  | Blind           | Aggressive                        | Salivation     | Absence of Fear       |
| Does Not Eat      | Does Not Drink  | Circling                          | Blind          | Howling or Bellowing  |
| Unprovoked Attack | Provoked Attack | Contact with Suspect Rabid Animal |                |                       |

Was This Animal Vaccinated Against Rabies?  Yes  No When? \_\_\_\_/\_\_\_\_/\_\_\_\_

By Whom \_\_\_\_\_

When Did Animal Die? \_\_\_\_/\_\_\_\_/\_\_\_\_ Was Animal Destroyed?  Yes  No

**U.S. Mail Address:  
(Post Office)**

Veterinary Diagnostic Lab  
NDSU Dept 7691  
PO Box 6050  
Fargo ND 58108-6050

**Delivery Address:  
(UPS, Fed Ex, Speedy, Drop Off)**

Veterinary Diagnostic Lab  
NDSU Van Es Hall  
1523 Centennial Blvd  
Fargo ND 58102

**NDSU VDL WEBSITE** [www.vdl.ndsu.edu](http://www.vdl.ndsu.edu)

- Online access to your clinic's test results
- Listing of tests available
- Downloadable submission forms
- Current fee schedule

- 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 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.