

# 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"/> Frozen <input type="checkbox"/> Cold <input type="checkbox"/> Room Temp <input type="checkbox"/> Labeled <input type="checkbox"/> Unlabeled  <input type="checkbox"/> Paid: \$ _____  <p style="text-align: center;"><b>This area for laboratory use only</b></p>	

Owner: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Address: \_\_\_\_\_

Clinic: \_\_\_\_\_

City: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Email report to owner:

YES – must include email address     NO

Email: \_\_\_\_\_

Payment (if left blank, clinic is responsible for all fees):

- Clinic — billed  
 Owner — prepayment is required

Indicate location of animal(s):

State: \_\_\_\_\_ Premise ID: \_\_\_\_\_

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

**SPECIMENS SUBMITTED: MUST INCLUDE DATE COLLECTED** \_\_\_\_/\_\_\_\_/\_\_\_\_

- Feces     Preputial Washings     Ear Notches:     Fresh     Fixed  
 Serum     Blood (serum separator tube)     Blood (clotted)     Whole Blood (EDTA)

Number Submitted \_\_\_\_\_

Special Requests or Previous Case No. \_\_\_\_\_

**EXAMINATIONS REQUESTED**

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

- Bovine Leukemia Virus ELISA     Brucellosis – please indicate if a specific test is required:     BAPA     SPT     CARD     *Brucella ovis* ELISA  
 Johne's Disease ELISA     *Neospora c*-ELISA     Small Ruminant Lentivirus (OPP/CAE) ELISA     Other \_\_\_\_\_

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

- Bovine Leukemia Virus (EDTA)     Individual     Pool (up to 5 in pool)    Other Test or Special Requests \_\_\_\_\_  
 Bovine Viral Diarrhea Virus     Individual     Pool (up to 15 in pool) \_\_\_\_\_  
 Johne's Disease (feces)     Individual     Pool (up to 5 in pool) \_\_\_\_\_  
 Tritrichomonas foetus     Individual     Pool (up to 5 in pool) \_\_\_\_\_

**SAMPLE IDENTIFICATIONS**    **You must also fill out and attach a copy of the Sample ID Form if submitting more than 6 samples.**

Sample #	Animal ID	Sex	Age
1			
2			
3			

Sample #	Animal ID	Sex	Age
4			
5			
6			

**Instructions:** *If submitting more than 6 samples, complete this form and the sample ID form. Enclose a copy of each form with the samples and 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, 4035 19th Ave N, 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 and ONLY fixed 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.
- Complete terms and conditions are on our website.

**This area for laboratory use only**