

NDSU VETERINARY DIAGNOSTIC LABORATORY – GENERAL SUBMISSION FORM

Phone 701.231.8307 or 701.231.7527

Email: ndsu.vetlab@ndsu.edu

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"/> FIXED: JARS _____ BAGS _____ <input type="checkbox"/> FRESH: JARS _____ BAGS _____ <input type="checkbox"/> SLIDES _____ <input type="checkbox"/> TUBES _____	
<input type="checkbox"/> MAIL <input type="checkbox"/> UPS <input type="checkbox"/> FED EX <input type="checkbox"/> SPEE-DEE <input type="checkbox"/> COURIER <input type="checkbox"/> AFTER HOURS <input type="checkbox"/> DROP OFF	
<input type="checkbox"/> PAID: \$ _____ This area for laboratory use only	

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: _____

Indicate location of animal(s):
 State: _____ Premise ID: _____

Payment (if left blank, clinic is responsible for all fees):
 Clinic — billed
 Owner — prepayment is required

Species _____ Breed _____ Age _____ Sex _____ Weight _____

Animal ID(s) _____ Previous Case # _____

Animals in Herd _____ # Animals in Affected Group _____ # Sick _____ # Dead _____

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
Head	_____	_____	Liver	_____	_____	Kidney	_____	_____	Feces	_____	Blood (clotted)	_____	Urine: _____	<input type="checkbox"/> Cysto
Brain	_____	_____	Spleen	_____	_____	Placenta	_____	_____	Stom. cont.	_____	Whole Blood	_____		<input type="checkbox"/> Free Catch
Heart	_____	_____	Lung	_____	_____	Ear Notch	_____	_____	Milk	_____	Serum	_____	Body Site: _____	
GI	_____	_____	LN	_____	_____	Biopsy	_____	_____	Hair	_____	Feed	_____		<input type="checkbox"/> Swabs
	_____	_____		_____	_____		_____	_____	Brush	_____	Water	_____		<input type="checkbox"/> Fluids
									Slides	_____				<input type="checkbox"/> Other: _____

EXAMINATIONS REQUESTED (Refer to our website for available tests)

- GENERAL INVESTIGATION (Lab Discretion – Pathologist will select the best testing based upon the history and clinical signs you describe)
- NEONATAL SCOUR SCREEN
- ABORTION SCREEN WITH TRACE MINERAL
- RABIES: HUMAN EXPOSURE (ALSO COMPLETE PAGE 2) NON-HUMAN EXPOSURE

- I request ONLY these services/tests: _____
- LEGAL or INSURANCE CASE (extra fee applies)

TENTATIVE DIAGNOSIS _____

HISTORY (include clinical signs, duration, treatment, vaccination, nutrition, etc.)

FIELD NECROPSY FINDINGS (date ____ / ____ / ____)

Check box and use back of form to provide additional history &/or necropsy information.

<p>Disposition of body (pets only): <input type="checkbox"/> Private Cremation – ashes returned (client must arrange) <input type="checkbox"/> Laboratory disposal – no ashes returned</p> <p>Name of party making disposal choice: _____ Date ____ / ____ / ____</p>
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This area for laboratory use only

Additional History or Necropsy Notes from first page:

ADDITIONAL INFORMATION FOR HUMAN EXPOSURE RABIES SPECIMENS

Name of Person Exposed _____ Age _____

Address _____

Physician _____ Address _____

Site of Exposure _____ Date of Exposure _____ / _____ / _____

CHECK/ CIRCLE SYMPTOMS

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

Was This Animal Vaccinated Against Rabies? Yes No When? _____ / _____ / _____

By Whom _____

When Did Animal Die? _____ / _____ / _____ Was Animal Euthanized? 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, Spee-Dee, Drop Off)**

Veterinary Diagnostic Lab
4035 19th Ave N
Fargo ND 58102

NDSU VDL WEBSITE 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 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.