

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

Phone 701.231.8307 or 701.231.7527

Email: [ndsu.vetlab@ndsu.edu](mailto:ndsu.vetlab@ndsu.edu)

[www.vdl.ndsu.edu](http://www.vdl.ndsu.edu)

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

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

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

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

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

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

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

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

Email report to owner:

YES – must include email address     NO

Indicate location of animal(s):

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

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

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

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

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

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

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

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

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

- Clinic — billed
- Owner — prepayment is required

## CASE NO.

FROZEN     COLD     ROOM TEMP  
 LABELED     UNLABELED

MAIL     UPS     FED EX     SPEE-DEE  
 COURIER     AFTER HOURS     DROP OFF

Paid: \$ \_\_\_\_\_

**This area for laboratory use only**

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

### SPECIMENS SUBMITTED: **MUST INCLUDE DATE COLLECTED** / /

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

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

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     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 testing only)  
 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)

Other: \_\_\_\_\_

### 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