

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 <input type="checkbox"/> LEAKING COOLANT: <input type="checkbox"/> ICE PACK <input type="checkbox"/> NONE <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 DEPOSIT <input type="checkbox"/> HAND DELIVER This area for laboratory use only	

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 ____/____/____

- Blood (clotted) Feces Whole Blood (EDTA)
- Blood (serum separator tube) Preputial Washings Other _____
- Ear Notches Serum
- Acute/Convalescent Samples 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

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

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

- 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(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.

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 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.
- Complete terms and conditions are on our website.

This area for laboratory use only