



CVM Veterinary Medical Diagnostic Laboratory Small Animal Submission Form

1-800-UMC-VMDL 800-862-8635 Fax 573-882-1411

Courier Address

www.vmdl.missouri.edu

US Mail Address

VMDL, 810 E. Campus Loop, Columbia, MO 65211

VMDL, PO Box 6023, Columbia, MO 65205

Acct No _____ □ Email _____
Phone _____ □ Fax _____
Veterinarian _____
Clinic _____
Address _____
City _____ State _____ Zip _____

Date Sample Taken _____ Date Sent _____
Owner _____
Address _____
City _____ State _____ Zip _____
Phone _____ Bill Owner _____

Animal Name/ID _____ Species _____ Breed _____ Sex _____ Age _____ Weight _____
No. in Group _____ Sick _____ Dead _____ New introductions? _____ Date Introduced _____ Date noticed sick _____
Euthanized? _____ Method of euthanasia _____ Time/ Date of Death _____ Lab results available? _____

Presenting complaint/Systems of interest: Choose as many as apply

- Normal
- Abortion/Repro Failure
- Edema
- Respiratory
- Production/Performance decline
- Fever
- Endocrine
- Ocular
- Anorexia
- Hematological/Hemorrhage
- Neurological
- Sudden Death
- Neoplasia/Mass
- Dermatological
- Hepatic
- Urinary/urogenital
- Chronic weight loss
- Erosion/Vesicular
- GI/Diarrhea
- Musculoskeletal/lameness
- Cardiac
- Other _____

Additional history: _____

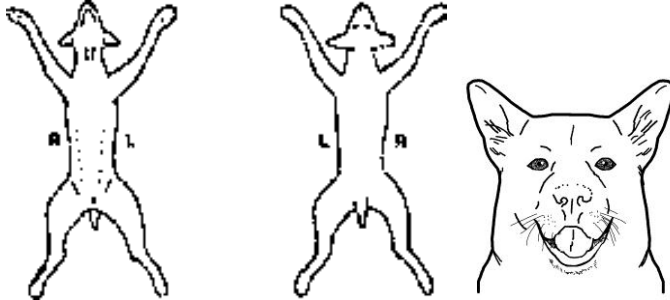
- Necropsy Exam
- Biopsy
- Necropsy+Histopathology
- Mail-In Necropsy with Lab Tests
- Necropsy+Histo with Laboratory Tests
- Toxicology (additional fees)
- Abortion Panel

If skin biopsy, (circle all applicable) erythema, pruritus, macules, papules, pustules, ulceration, crusts, hyperkeratosis, scales, alopecia, lichenification, hyperpigmentation, depigmentation, excoriation, other _____

*Duration _____ *Margins inked/Tagged? _____ *Treatment _____

When started/how long? _____ Response to therapy? ___ yes ___ no ___ partially

If tumor, Size _____ Duration _____ Rate of growth ___ slow ___ fast Recurrence ___ yes ___ no



Circle lesions
Mark "X" for biopsy locations

Sample Type

- Tissue, Fresh
- Tissue, Fixed
- Feces
- Other _____
- Blood
- Serum
- Urine

Cytologic Exam—Label slides with animal ID & site

Pertinent clinical information _____

Cytology -- Please list site(s) _____

Circle Collection Method: Washes Aspirates Imprints Brushes Scrapings Other _____

Multiple Lymph Node Cytology (2-4 Lymph Nodes) – Please list sites _____

Fluid Analysis, including Cytology – Send Fluid in an EDTA tube along with slides

Circle fluid type: Pleural Peritoneal Synovial Pericardial CSF Analysis – Call for instructions

Bronchoalveolar Lavage -- Send Fluid in an EDTA tube along with slides

Bacteriology/Mycology Feces Swab from _____ Tissue from _____ Urine: ___Cystocentesis ___Free Catch Other _____

Aerobic culture Anaerobic culture Antimicrobial susceptibility Blood culture

Enteric screen Fungal culture Salmonella Other _____ Treated with antibiotics recently? Y / N

Antibiotic used, when, and last dose _____

Lab use only Cold Pac Frozen None Room Temp. Sample Condition Broken Leaked Other _____

Toxicology Pet Food Blood Serum Fresh Tissue Other _____ Consult Toxicologist
 Lead Copper Mycotoxin Screen Ergot Alkaloids Chemical Analysis of Stomach Contents
 Other _____

Canine Respiratory Panel : Canine Distemper Virus, Influenza A and Canine Adenovirus

Rabies testing: Brain only Entire body with brain removal and carcass disposal [send out test]

Serology 1 ml serum, redtop or separator tube - PCR/Virology EDTA whole blood, CNS fluid, swabs, tissues, feces or as noted

A.phagocytophilum <input type="checkbox"/> IFA	FIV Antibody and FeLV Antigen – <input type="checkbox"/> Snap test
Blastomycosis <input type="checkbox"/> AGID	Feline Leukemia Virus (Bone marrow, spleen, EDTA whole blood) <input type="checkbox"/> FA
Blastomycosis and Histoplasmosis <input type="checkbox"/> AGID	Herpesvirus- detects alpha, beta & gamma <input type="checkbox"/> PCR
Borrelia burgdorferi (Lyme Dz) <input type="checkbox"/> IFA	Histoplasmosis <input type="checkbox"/> AGID
Brucella canis <input type="checkbox"/> Card	Influenza A <input type="checkbox"/> PCR
Canine Coronavirus <input type="checkbox"/> PCR	Leptospira <input type="checkbox"/> MA (6 serovars) <input type="checkbox"/> PCR
Canine Distemper <input type="checkbox"/> IgG antibody (IFA) <input type="checkbox"/> IgM (IFA) <input type="checkbox"/> PCR	R.rickettsii (RMSF) <input type="checkbox"/> IFA
Canine Heartworm <input type="checkbox"/> ELISA	Salmonella <input type="checkbox"/> PCR
Canine Parvovirus <input type="checkbox"/> IgG antibody <input type="checkbox"/> IgM antibody <input type="checkbox"/> PCR	Tick Panel: A. phagocytophilum, B. burgdorferi, E. canis, and R. rickettsii <input type="checkbox"/> IFA <input type="checkbox"/> PCR (EDTA)
Chlamydia psittaci <input type="checkbox"/> PCR	Toxoplasma (Feline) <input type="checkbox"/> IFA
Coccidiomycosis <input type="checkbox"/> AGID	Toxoplasma <input type="checkbox"/> PCR
Cryptococcus <input type="checkbox"/> Antibody <input type="checkbox"/> Antigen-LA	West Nile IgM <input type="checkbox"/> PCR
Ehrlichia spp. <input type="checkbox"/> IFA	Other _____
Feline Calicivirus <input type="checkbox"/> Virus Isolation	
Feline Heartworm Antibody <input type="checkbox"/> ELISA	
Feline Herpesvirus <input type="checkbox"/> PCR	
Feline Infectious Peritonitis (FIP) <input type="checkbox"/> IFA <input type="checkbox"/> PCR	

Clinical Pathology Must Provide **Date Sample Taken** _____

<p>Chemistry – centrifuge and remove serum/plasma into a separate tube Specimen type: <input type="checkbox"/> Serum <input type="checkbox"/> Plasma <input type="checkbox"/> Urine <input type="checkbox"/> Other _____ <input type="checkbox"/> MAXI Profile <input type="checkbox"/> MINI Profile <input type="checkbox"/> RENAL Profile <input type="checkbox"/> LIVER Profile <input type="checkbox"/> Bile Acid Single <input type="checkbox"/> Bile Acid Pre and Post <input type="checkbox"/> Urine Protein/Creatinine <input type="checkbox"/> Other _____</p> <p>Coagulation—CALL for instructions <input type="checkbox"/> PT <input type="checkbox"/> PTT</p>	<p>Hematology <input type="checkbox"/> CBC - Submit EDTA tube & smears <input type="checkbox"/> Smear Exam for _____ <input type="checkbox"/> Knott's test <input type="checkbox"/> Coombs' Test <input type="checkbox"/> Other _____ Bone Marrow - submit concurrent CBC or send recent CBC report <input type="checkbox"/> Bone Marrow Aspirate <input type="checkbox"/> Bone Marrow Core Biopsy</p> <p>Fecal Examination <input type="checkbox"/> Flotation <input type="checkbox"/> Fecal Occult Blood <input type="checkbox"/> Direct Fecal Exam <input type="checkbox"/> Baermann Other (specify) _____</p>	<p>Endocrinology (1 mL serum) <input type="checkbox"/> Progesterone <input type="checkbox"/> Total T4 <input type="checkbox"/> TSH (canine) <input type="checkbox"/> Cortisol – Single <input type="checkbox"/> ACTH Stimulation – 2 sample <input type="checkbox"/> Dexamethasone Suppression -- 2 Sample <input type="checkbox"/> Dexamethasone Suppression -- 3 Sample</p> <p>Urinalysis (For Courier/ Local Samples Only) <input type="checkbox"/> Voided <input type="checkbox"/> Cystocentesis <input type="checkbox"/> Catheter <input type="checkbox"/> Off Floor <input type="checkbox"/> Complete UA <input type="checkbox"/> UA w/o Sediment Exam <input type="checkbox"/> Other (specify) _____</p>
--	---	---

Important reminders

*Please, label all specimens with the tissues present.

*BIOPSY: Tissues should be fixed for 24 hours in a formalin solution of 10:1 tissue volume and then transferred to a smaller container with formalin for shipping.

*Fresh/Fixed: Please, place the fresh tissues in a separate, sealable container to prevent formalin fumes from affecting culture results

*PCR tissues: fresh in whirl packs, EDTA(purple top), whole blood (red top), CNS fluid, swabs, or as noted

Clients submitting specimens are considered to have agreed to VMDL testing procedures, policies and fees (view at: <http://www.vmdl.missouri.edu/>). Specimens become the property of the VMDL.