



UNIVERSITY OF KENTUCKY
College of Agriculture, Food, and Environment

Veterinary Diagnostic Laboratory

Deliveries: 1490 Bull Lea Rd., Lexington, KY 40511
US Mail: PO Box 14125, Lexington, KY 40512-4125
Phone: (859) 257-8283 **Fax:** (859) 255-1624

<http://vdl.uky.edu>

FOR LAB USE ONLY

Section(s): C B M/D N P S T V J R

Case Coordinator: _____

Carrier: M B Wa U F O V Other

Rec'd By / Shipped Date: _____

Comments: _____

Veterinarian: _____
Clinic: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **Fax:** _____
Email: _____

Owner: _____
Farm: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **Fax:** _____
Email: _____

Report Distribution Preference: ☐ Fax ☐ Email ☐ Mail ☐ Box

☐ Add'l copy to: _____

General Information (Please provide as much information as possible):

☐ **RABIES SUSPECT** ☐ Diagnostic ☐ Necropsy ☐ Cremation ☐ Neurologic (Spinal Cord Removal)

☐ **RABIES ONLY** ☐ Regulatory ☐ Surveillance ☐ Sale / Prepurchase ☐ Export Sample: _____
(Country of Destination)

Location of Animal (county, state, premise ID) _____

Animal ID / Name*	Species	Breed	Color	Gender (F / M / NM / SF)	Age	Weight

*Multiple submissions from same premises may require the use of the **Accession Continuation Form (available at vdl.uky.edu)**

History (Attach additional history if provided space is inadequate).

Duration of Illness: _____ ☐ Euthanized
Date of Death: _____ ☐ Insured _____
(Insurance Company)
Related Accession: _____

# Sick Animals		# Animals in Group	
# Dead Animals		# Animals on Farm	

Please describe:

1. Clinical Signs
2. Vaccinations
3. Treatments
4. Nutrition
5. Environment
6. Other Management

Submitted Specimen Information (Please check all that apply):

Date Sample(s) Taken: _____
☐ Carcass ☐ Urine ☐ Feces ☐ Feed / Forage
☐ Fetus ☐ Placenta ☐ Milk
☐ Blood (Whole blood, Serum or Plasma)
Specify stopper color as submitted:
☐ Red ☐ Purple ☐ Red / Gray Swirl
☐ Other: _____
☐ Fluid (List Type): _____
☐ Swab (List Source / Site): _____
☐ Other: _____

Tissue / Biopsy Information	
Tissue Information:	<input type="checkbox"/> Fresh <input type="checkbox"/> Fixed (List Fixative): _____
Neoplasm Size: (LxWxD in cm)	
Shape:	
Attachment:	
Tissue Involved:	
Gross Appearance:	
Consistency:	
Color:	
Duration:	
Development Rate:	



Dorsal



Ventral

The information and animal specimens submitted to the University of Kentucky Veterinary Diagnostic Laboratory are done so under the protection of the Veterinarian-Client-Patient relationship, as codified in KRS 321.185, and are confidential. Privileged information regarding patients will not be released without the owner's consent, unless disclosure is required by law.

For Cytology Information, complete section on back of form.

Signature of Submitter: _____

Date: _____

Only the most frequently requested tests are listed below. For a complete list of test offerings, specimen and sample handling conditions, please visit our website (<http://vdl.uky.edu>) or call 859-257-8283 for further assistance.

SPECIMEN REQUIREMENT KEY					
F	FECES	SST	SERUM SEPARATOR	TTW	TRANS TRACH WASH
OF	OCULAR FLUID	SW	SWAB	U	URINE
S	SERUM	T	TISSUE	WB	WHOLE BLOOD

Blood Collection Tubes:

Red Top Tubes = Serum

Lavender / Purple Top Tubes = Whole Blood

Bacteriology

- ☐ Aerobic Culture
- ☐ Salmonella Screen
- ☐ Strept. equi. Screen
- ☐ Anaerobic Culture
- ☐ C. Perf. Screen
- ☐ Fungal / Yeast Culture
- ☐ Mastitis Culture (*susceptibility by request*)
- ☐ Mycoplasma Culture*

*No susceptibility routinely offered.

Other: _____

Clinical Pathology

- ☐ CBC (WB)
- ☐ CBC - No Differential (WB)
- ☐ Chemistry Panel - Species Specific (S)
- ☐ Chemistry Panel - Renal or Hepatic (S)
- ☐ Feline Pancreatic Lipase (S)
- ☐ Fibrinogen (WB + S)
- ☐ Foal IgG (WB, S)
- ☐ Foal Panel (*IgG, CBC - No Diff, Fibrinogen*) (WB + S)
- ☐ Phenobarbital (S)
- ☐ Fecal Cryptosporidia (F)
- ☐ Fecal Parasite Exam (Qualitative) (F)
- ☐ Giardia Antigen (Canine / Feline) (F)
- ☐ Urinalysis (U)
- ☐ Urolith / Stone Analysis

Endocrine Tests

*SSTs should **not** be submitted for the following tests.*

- ☐ ACTH Stimulation (2 samples) (S)
- ☐ Cortisol (S)
- ☐ Dexamethasone Suppression (3 samples) (S)
- ☐ Endogenous ACTH (Canine / Equine) (Frozen Plasma) (S)
- ☐ Progesterone (Canine / Equine) (S)
- ☐ T3 (S)
- ☐ T4 (S)
- ☐ TLI (Canine) (S)
- ☐ TSH (Canine) (S)

Other: _____

Cytology

- ☐ Fluid Cytology
- Indicate Fluid Source below:*
- ☐ Cerebrospinal Fluid (CSF)
- ☐ Fine Needle Aspiration (FNA)
- Site: _____*
- ☐ Impression Smear
- Site: _____*
- ☐ Synovial Fluid
- Site: _____*
- ☐ Peritoneal Fluid
- ☐ Pleural Fluid
- ☐ Transtracheal Wash

Other: _____

Serology

- Avian**
- ☐ Avian Influenza (S)
- ☐ Mycoplasma (S)
- ☐ Salmonella pullorum (S)
- Bovine**
- ☐ Anaplasma marginale (S)
- ☐ Bluetongue Virus (S)
- ☐ Bovine Leukemia Virus (S)
- ☐ Bovine Pregnancy Test (S)
- ☐ Brucella abortus (S)
- ☐ Epizootic Hemorrhagic Disease (EHD) Virus (S)
- ☐ Leptospira (MAT) Screen (S)
- ☐ Neospora caninum (S)
- ☐ John's (Mycobacterium paratuberculosis) (S)
- Equine**
- ☐ Leptospira (MAT) Screen (S)
- ☐ Piroplasmosis Panel (S)
- ☐ B. caballi (S)
- ☐ T. equi (S)
- ☐ Brucellosis (S)
- Canine**
- ☐ Canine Heartworm (S)
- ☐ Fungal Panel (S)
- ☐ Blastomyces dermatidis (S)
- ☐ Histoplasma capsulatum (S)
- ☐ Brucella canis (*B. canis*) (S)
- ☐ Leptospira (MAT) Screen (S)
- ☐ B. burgdorferi (Lyme Disease) (S, WB)
- ☐ Tick panel (canine) (S)
- Feline**
- ☐ Feline Heartworm (S)
- ☐ Feline Immunodeficiency Virus (FIV) (S, WB)
- ☐ Feline Leukemia Virus (FeLV) (S, WB)
- ☐ Feline Infectious Peritonitis (FIP) Virus (S)
- ☐ Toxoplasmosis (S)
- Caprine / Ovine**
- ☐ Brucella melitensis (S)
- ☐ Caprine Arthritis and Encephalitis / Ovine Progressive Pneumonia (CAE / OPP) (S)
- Porcine**
- ☐ Pseudorabies (S)
- ☐ Brucella abortus (S)

Other: _____

Toxicology

See <http://vdl.uky.edu> for all toxicology tests offered. Click on the link for Test Information, and select Toxicology for the lab section, then click on the Search button.

Specimen	Test Requested

- ☐ Consult with Toxicologist for appropriate test (no charge).

Virology

- ☐ Virus Isolation (SW, T, TTW, WB)
- Bovine**
- ☐ BVDV Antigen ELISA (for PI)
- ☐ Ear Notch ☐ Serum
- ☐ BVDV-VN (S)
- ☐ Infectious Bovine Rhinotracheitis (IBR)-VN (S)
- ☐ Respiratory Syncytial Virus (RSV)-VN (S)
- Equine**
- ☐ Equine Herpes Virus-1 (EHV-1)-VN (S)
- ☐ Equine Viral Arteritis (EVA)-VN (S)
- ☐ Equine Influenza-HI (S)
- ☐ Equine Influenza Rapid Antigen (SW, TTW)
- ☐ Potomac Horse Fever-IFA (S)
- ☐ Vesicular Stomatitis-VN (S)
- ☐ West Nile-IgM Capture ELISA (S)
- Canine**
- ☐ Distemper virus FA (WB, U, Conjunctival Smear)
- Other: _____

Molecular (PCR)

- Bovine**
- ☐ BVDV PCR
- ☐ Ear Notch ☐ Serum ☐ Tissue
- ☐ John's PCR (Mycobacterium paratuberculosis) (F)
- ☐ Leptospira PCR (U, T)
- ☐ Salmonella PCR (F)
- ☐ Tritrichomonas Fetus PCR (Trich Pouch)
- Caprine/Ovine**
- ☐ BVDV PCR (WB)
- Equine**
- ☐ Equine Adenovirus PCR (TTW, SW, T)
- ☐ Equine Herpes Virus-1 PCR (WB and SW or TTW, paired)
- ☐ Equine Herpes Virus PCR (TTW, SW, WB)
- Specify Type Below:*
- ☐ Type 2 ☐ Type 3 ☐ Type 4 ☐ Type 5
- ☐ Equine Viral Arteritis PCR (SW, WB, T)
- ☐ Equine Influenza PCR (TTW, SW)
- ☐ Equine Protozoal Encephalomyelitis (EPM) PCR (T)
- ☐ Lawsonia PCR (F)
- ☐ Leptospira PCR (U, T)
- ☐ Nocardioform PCR (SW, Placenta)
- ☐ Potomac Horse Fever PCR (WB and F, paired)
- ☐ Rhodococcus equi PCR (SW, TTW)
- ☐ Salmonella PCR (F)
- ☐ Streptococcus equi PCR (SW, TTW)
- ☐ West Nile Virus PCR (T)

- Canine**
- ☐ Canine Influenza PCR (SW, TTW)
- ☐ Leptospira PCR (U, T)
- Other: _____

Diagnostic Plans

- Bovine**
- ☐ Diarrhea Plan (Calf) (F)
- Includes: Corona Virus, Rotavirus, E. coli K99, Salmonella and Cryptosporidium. Culture & sensitivity completed upon request for an additional fee.*
- Equine**
- ☐ Diarrhea Plan (Adult) (WB + SW + F)
- Includes: Aerobic / Anaerobic Culture, Fecal Exam, Salmonella, Potomac Horse Fever, Lawsonia (PCR)*
- ☐ Diarrhea / Septicemia Plan (Foal) (WB + F)
- Includes: Aerobic, Anaerobic and Blood Culture, Fecal Exam, C. difficile ELISA, Rotavirus, Lawsonia and Salmonella (PCR), Selenium*
- ☐ Respiratory Plan (SW + TTW + WB)
- Includes: Aerobic and Fungal Culture, VI, EHV-1, 2, 4 and 5 (PCR), EVA PCR, and Equine Influenza PCR.*