



Kansas State Veterinary
DIAGNOSTIC LABORATORY

EQUINE SUBMISSION FORM

Kansas State Veterinary Diagnostic Laboratory
1800 Denison Avenue, Mosier D117, Manhattan, KS 66506
Phone: (866) 512-5650 Fax: (785) 532-4835
www.ksvdl.org

Laboratory Use Only

Case Coordinator



Accession Number

Panel

**Please download/save
and use Adobe Acrobat
to complete form.
Many web browsers
cannot fill form fields**

BILL TO: Clinic Owner Third Party Third Party to Receive Results? Yes No

Third Party Contact Info: _____

CLINIC

ACCOUNT # _____

Veterinarian _____

Clinic/Company _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

E-mail _____

OWNER/PRODUCER

Owner Name _____

Business/Premise _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Cell _____

Fax or E-mail _____

Send Results Via: (Check all that apply) E-Mail Fax Also Send Results to Owner: _____

Please record HISTORY and additional ANIMAL ID information on next page

Animal ID	Breed	Sex	Age/DOB	Weight	Sample Date
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SPECIMEN(S) SUBMITTED

- Feces Milk Urine Whole Blood Fixed Tissue(s) _____ Swab(s) _____
 Fluid _____ Serum Whole Body Fresh Tissue(s) _____ Other _____

HISTOPATHOLOGY

Biopsy Extended Report/Dermatopathology (includes: diagnosis, histologic description, comments)

Biopsy Routine Report (includes: diagnosis, comments)

of biopsies or masses _____ (Additional charges after 3)

Incisional Excisional Punch Tru-Cut

Size _____ x _____ x _____ cm Location _____

Growth Pattern (expansion, invasion, pedunculation, etc.)

Rate of Growth _____

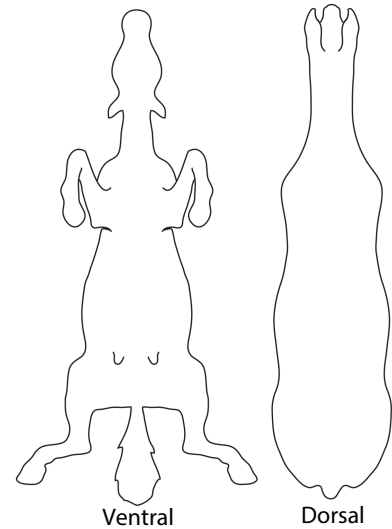
Duration _____

Are margins submitted? Yes No

History of recurrence? Yes No If Yes, Previous Accession Number: _____

Immunohistochemistry (specify): _____

Special stains (specify): _____



BACTERIOLOGY/MYCOLOGY

Organism(s) suspected: _____

Antibiotics used: _____ None

Date of last dose: _____

Aerobic Culture, Includes Salmonella enrichment, if applicable

Aerobic Susceptibility

Fungal Culture

Anaerobic Culture

MOLECULAR DIAGNOSTICS (PCR)

- Equine Viral Respiratory PCR Panel
 Streptococcus equi
 Clostridium difficile PCR
 Clostridium perfringens genotyping (requires Anaerobic culture)
 Leptospira (Pathogenic)
 Mycoplasma Spp.
 Salmonella (PCR & DNA Extraction 1-5)
 West Nile Virus

This submission form is a legal binding contract between KSVDL and the submitting entity. All specimens, animals, and/or biological materials submitted to the KSVDL as well as any test results, diagnoses, or other analyses resulting from these submissions will become the property of KSVDL. Specimens also may be used for teaching purposes. All fees incurred are the responsibility of the submitting entity. A 1.5% finance charge will be assessed on all charges over 30 days.



NECROPSY & DISPOSAL

Date of Death _____

Animal was Euthanized Yes No

Gross only Necropsy
- Do not check if additional testing will be added.

Necropsy and Additional Testing
(indicated elsewhere)

Necropsy and Tests at Pathologists
Discretion

Cremation

Disposal **(default if none selected)**

Insurance

Lawsuit

PARASITOLOGY

Fecal Float

Qualitative

Quantitative

Both

Occult blood (feces)

Parasite Identification

SEROLOGY

Equine Infectious Anemia (EIA)

AGID ELISA

*requires Federal coggins form

Aspergillosis

Foal IgG Snap (ELISA)

Leptospiriosis 6 serovar (MAT)

VIROLOGY

Equine herpesvirus (Type 1 only) SN

Equine Influenza H1 Type 2 (OH STRAIN)

Equine Viral Arteritis (EVA) SN

Vesicular Stomatitis Virus (Indiana) SN
(non-export only)

Vesicular Stomatitis Virus (New Jersey) SN
(non-export only)

Virus Isolation

TOXICOLOGY

Trace mineral panel
(Ca, Co, Cr, Cu, Fe, K, Mg, Mn, Mo, Na, P, Se, Zn)

Heavy metal screen (As, Cd, Pb, Tl, Hg)

Single Element (any above elements) _____

Mycotoxin ELISA

Plant/Seed Identification

Blue-Green Algae

pH

Other _____

OTHER TESTS NOT LISTED _____

Please visit our test and fees at www.KSVDL.org for current tests, prices, and acceptable samples.

CLINICAL HISTORY & COMMENTS

Pathologist's Discretion - The diagnostician will select the best testing based upon the history and clinical signs you describe in this section.

ANIMAL IDENTIFICATION INFORMATION*

* Spreadsheets including animal ID information may be attached to this form or e-mailed to: receiving@vet.k-state.edu

TUBE#	ANIMAL ID	BREED	SEX	AGE/DOB	WEIGHT	SAMPLE DATE

OPENED BY

Courier Record: Courier FedEx Hand Delivered Mail UPS

Coolant Record: Coolant Pack Dry Ice Frozen Warmer None

Sample Condition: Good Broken Leaked Other _____