



Kansas State Veterinary
DIAGNOSTIC LABORATORY

TOXICOLOGY 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: _____

SAMPLE IDENTIFICATION: If more than five samples, please use the Multiple Animal Submission Form

Sample / Animal ID	Age	Species/Location (Other)	M/F S/N	Weight (check unit)		
				<input type="checkbox"/> lb	<input type="checkbox"/> g	<input type="checkbox"/> kg

SAMPLE TYPE	<input type="checkbox"/> Serum/ Plasma	<input type="checkbox"/> Ocular Fluid	<input type="checkbox"/> Whole Blood	<input type="checkbox"/> Fresh Liver	<input type="checkbox"/> Liver Biopsies	<input type="checkbox"/> Fresh Kidney	<input type="checkbox"/> Rumen/ Stomach Content	<input type="checkbox"/> Plant
	CONSECUTIVE SAMPLE ID#S	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____
<input type="checkbox"/> Feedstuff (corn, DDGS, Silage, TMR, etc)	<input type="checkbox"/> Water	<input type="checkbox"/> Milk	<input type="checkbox"/> Urine	<input type="checkbox"/> Brain	<input type="checkbox"/> Bone	<input type="checkbox"/> Seed	<input type="checkbox"/> Other	
_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	

NUTRITION TESTING

All samples will be tested for each assay requested unless noted in the column "Test Samples" (i.e. Vit A 1-10 Vit D 11-20

Trace Minerals by ICPMS

(Ca, Cd, Co, Cu, Pb, K, Mg, Mn, Mo, Na, P, Se, Zn)

**Test
Samples**

- Single Element (any listed above) _____
- Copper _____
- Selenium _____
- Trace Mineral Panel Liver Biopsies _____
- Trace Mineral Panel Serum _____
- Trace Mineral Panel Fresh Tissue _____
- Extended Mineral Panel * _____

Heavy Metals (As, Cd, Pb, Ti, Hg)

- Single Element (any listed above) _____
- Heavy Metal Panel Whole Blood/Tissue _____
- Blood Lead _____

Vitamins

- Vitamin A _____
- Vitamin D * _____
- Vitamin E _____

**Test
Samples**

Water Quality Panel for livestock suitability

- Includes: nitrate, TDS, sulfates, coliforms * _____
- Blue Green Algae _____
- Microcystin Quantification _____

**Test
Samples**

*** This test is not yet validated by KSVDL, but it is in the process of being validated. This should be completed soon. In the meantime, the test will be referred to another accredited laboratory for testing.**

Veterinarian _____

Owner Name _____

TOXICOLOGY



Kansas State Veterinary
DIAGNOSTIC LABORATORY

MYCOTOXIN TESTING

**Sample Size = ~ 1 lb (Quart-size Ziplock Bag)
Send refrigerated as soon as possible.**

Collection Date: _____

- Mycotoxin Panel * - Includes Aflatoxin (B1, B2, G1, G2), Vomitoxin T2, DAS, Fumonisin B1 & B2, Zearlenone, Ochratoxin
- Aflatoxin M1 * (milk or liver)
- Ergot Alkaloids Panel *

(Check Sample Type)

Sample #	Sample ID	Corn	DDGS	Ground Feed	Hay	Silage	Other
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Accession Number

TOXICOLOGY TESTING

- Ammonia *
- Anions Panel (Sulfate, Nitrate, Chloride, Flouride, Bromide, Nitrate Phosphate)
- Anticoagulant Panel *
- Bone Profile (Ash, Density, Ca, P) *
- Canine CNS Panel *
- Carbon Monoxide *
- Cholinesterase * (Brain or Whole Blood)
- Cyanide *
- Ethylene Glycol
- GC/MS Toxicant Screen
- Urea * (Feed)
- Other _____

Test Samples

Test Samples

- Ionophore ***
- Screen * _____
- Individual * _____
- Expected Concentration _____
- Moisture**
- Moisture Content _____
- Pesticides**
- Carbamate Panel * _____
- Chlorinated Hydrocarbon Panel * _____
- Organophosphates Panel * _____

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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.
- This is a Legal Case**

OTHER TESTS NOT LISTED

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

OPENED BY <input type="text"/>	Courier Record:	<input type="checkbox"/> Courier	<input type="checkbox"/> FedEx	<input type="checkbox"/> Hand Delivered	<input type="checkbox"/> Mail	<input type="checkbox"/> UPS
	Coolant Record:	<input type="checkbox"/> Coolant Pack	<input type="checkbox"/> Dry Ice	<input type="checkbox"/> Frozen	<input type="checkbox"/> Warmer	<input type="checkbox"/> None
	Sample Condition:	<input type="checkbox"/> Good	<input type="checkbox"/> Broken	<input type="checkbox"/> Leaked	<input type="checkbox"/> Other _____	