



Kansas State Veterinary
DIAGNOSTIC LABORATORY

EXOTIC, WILDLIFE & ZOO ANIMAL 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 _____

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

OWNER/PRODUCER

Owner Name _____

Business/Premise _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Cell _____

Fax or E-mail _____

ANIMAL IDENTIFICATION: If more than one animal, please use the Multiple Animal Submission Form

Animal ID	Species	Breed	Age/DOB	Sex	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

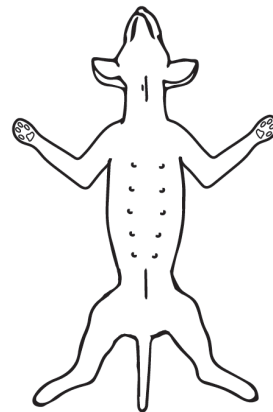
History of recurrence? Yes No

Immunohistochemistry (specify) _____

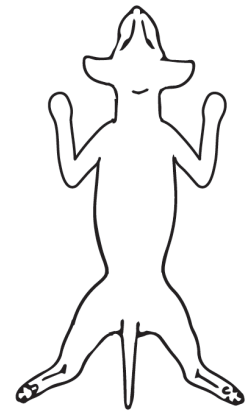
Chronic Wasting Disease (CWD) IHC

• Collection date: _____

• County of Collection: _____



Ventral



Dorsal

BACTERIOLOGY/MYCOLOGY

Organism(s) suspected: _____

Antibiotics used: _____ None

Date of last dose: _____

Aerobic Culture, Includes Salmonella enrichment, if applicable

Aerobic Susceptibility

Fungal Panel

Anaerobic Culture

Campylobacter Culture

Ruminant Abortion Bacterial Culture Panel

*Includes Brucella, Campylobacter & general aerobic cultures

MOLECULAR DIAGNOSTICS (PCR)

Avian Influenza

Bordetella avium

Bordetella bronchiseptica

BVD

Canine Distemper

Chlamydia

Clostridium perfringens culture + PCR

Exotic Newcastle Virulent Determinant

Exotic Newcastle

Leptospira (pathogenic)

Mycobacterium (Johne's)

Mycoplasma species

Salmonella (PCR & DNA Extraction 1-5)

Tritrichomonas foetus

West Nile Virus



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 Histopathology, 1-4 Tissues
 - Necropsy Histopathology, 5+ Tissues
- Necropsy and Tests at Pathologists Discretion
- Disposal
- Cremation

VIROLOGY

- BVD Type 1 (SN)
- BVD Type 2 (SN)
- Canine Distemper (SN)
- Vesicular Stomatitis (SN)
- 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.

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 _____

PARASITOLOGY

- Fecal Float
 Qualitative Quantitative Both
- Baermann test for lungworms
 - Cryptosporidium Fecal Float
 - Difil (Heartworm)
 - Fecal Direct Smear
 - Feline Heartworm Antibody Test
 - Fluke Egg Recovery (Sedimentation)
 - Giardia
 - Heartworm Antigen Test
 - Knott's (Heartworm)
 - Parasite Identification

SEROLOGY

- Aspergillosis (AGID)
- Avian Influenza (AGID)
- Brucella BAPA (default)
- Caprine Arthritis Encephalitis Virus (CAE) &
Ovine Progressive Pneumonia (OPP)- (ELISA)
- Coccidioidomycosis (AGID)
- Cryptococcus Screen (LA)
- Cryptococcus Titer (LA)
- Epizootic Hemorrhagic Disease (AGID)
- Feline Infectious Peritonitis (IFA)
- Histoplasmosis (AGID)
- Johne's Disease (ELISA)
- Leptospirosis 6 serovar (MAT)
- Serum Pregnancy Test (ELISA)
- Toxoplasma (AGG)

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