



Kansas State Veterinary
DIAGNOSTIC LABORATORY

OVINE 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	Species	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)
 Immunohistochemistry:
 Scrapie
 • Collection date: _____
 • County of Collection: _____
 Other (specify): _____

BACTERIOLOGY/MYCOLOGY

- Organism(s) suspected: _____
 Antibiotics used: _____ None
 Date of last dose: _____
 Aerobic Culture, Includes Salmonella enrichment, if applicable
 Aerobic Susceptibility
 Abortion Panel
**Includes Brucella, Campylobacter & general aerobic cultures*
 Anaerobic Culture
 Campylobacter Culture
 Individual Milk Culture

SEROLOGY

- Bluetongue Virus ELISA
 Aspergillosis (AGID)
 Brucella BAPA (**default**)
 Brucella melitensis (card agg.test)
 Caseous Lymphadenitis (CLA) ELISA
 Coccidioidomycosis (AGID)
 Epizootic Hemorrhagic Disease (AGID)
 Histoplasmosis (AGID)
 Leptospirosis *6 serovar* (MAT)
 Serum Pregnancy Test (ELISA)
 Caprine Arthritis Encephalitis Virus (CAE) &
 Ovine Progressive Pneumonia (OPP)- cELISA

MOLECULAR DIAGNOSTICS (PCR)

- Small Ruminant Abortion Tissue PCR Panel **L1726**
 Full Panel Bacterial Only Viral Only
 Chlamydia
 Clostridium perfringens culture + PCR
 Coxiella burnetii Abortion Tissue PCR
 Leptospira (pathogenic)
 Mycobacterium avium subsp. Paratuberculosis
 Johne's Direct (Fecal)
 Test Individually Pool _____ Samples/pool (max 5)
 Mycoplasma ovipneumoniae PCR
 Mycoplasma species
 Salmonella (PCR & DNA Extraction 1-5)
 West Nile Virus

PARASITOLOGY

- Fecal Float
 Qualitative Quantitative Both
 Fecal Direct Smear
 Fluke Egg Recovery (Sedimentation)
 Parasite Identification

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.

