



Kansas State Veterinary  
DIAGNOSTIC LABORATORY

# CAMELID SUBMISSION FORM

Kansas State Veterinary Diagnostic Laboratory  
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Phone: (866) 512-5650 Fax: (785) 532-4835  
[www.ksvdl.org](http://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 (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  
 Campylobacter Culture

## 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 listed elements) \_\_\_\_\_  
 Nitrate  
 Mycotoxin ELISA  
 Plant/Seed Identification  
 Blue-Green Algae  
 pH  
 Other \_\_\_\_\_

## MOLECULAR DIAGNOSTICS (PCR)

- Bovine Viral Diarrhea Virus (BVD)  
 Test Individually  Pool \_\_\_\_\_ Samples/pool  
 Chlamydia  
 *Clostridium perfringens* culture + PCR  
 Leptospira (pathogenic)  
 Mycobacterium avium subsp. Paratuberculosis  
 Johne's Direct (Fecal)  
 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

## SEROLOGY

- Blue Tongue ELISA  
 Aspergillosis (AGID)  
 Brucella BAPA (**default**)  
 Camelid IgG (RID)  
 Coccidiosis (AGID)  
 Epizootic Hemorrhagic Disease (AGID)  
 Histoplasmosis (AGID)  
 Johne's Disease (ELISA)  
 *Leptospirosis 6 serovar* (MAT)

## VIROLOGY

- Bovine Viral Diarrhea (BVD) Type 1 SN  
 Bovine Viral Diarrhea (BVD) Type 2 SN

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

Barbiturates                 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

**OTHER TESTS NOT LISTED** \_\_\_\_\_

Please visit our test and fees at [www.KSVDL.org](http://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](mailto: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 \_\_\_\_\_