



Kansas State Veterinary  
DIAGNOSTIC LABORATORY

# CANINE 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	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 \_\_\_\_\_

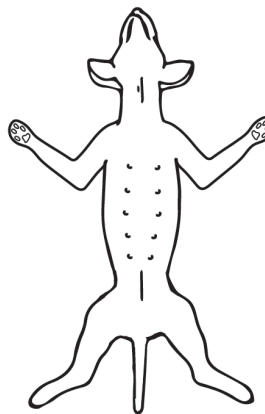
Duration \_\_\_\_\_

Are margins submitted?  Yes  No

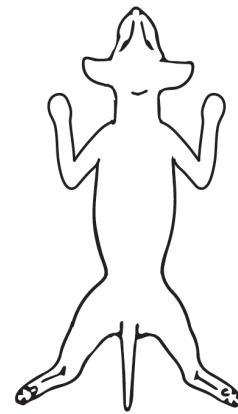
History of recurrence?  Yes  No If Yes, Previous Accession No.: \_\_\_\_\_

Immunohistochemistry (specify) \_\_\_\_\_

Special stains (specify): \_\_\_\_\_



Ventral



Dorsal

## 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  
 *Brucella canis* Blood Culture  
 *Campylobacter* Culture

## MOLECULAR DIAGNOSTICS (PCR)

- Bordetella bronchiseptica*  
 Adenovirus type 2  
 *Anaplasma (A. platys & A. phagocytophilum)*  
 Brucellosis  
 Coronavirus (enteric)  
 Distemper Virus  
 Ehrlichia canis  
 Ehrlichia Panel  
 Haemoplasma (*M. haemofelis* & *M. haemominutum*)  
 Herpesvirus type 1  
 Parainfluenza type 3  
 Parvovirus Differential (2a 2b 2c)  
 Respiratory Coronavirus  
 Influenza (old & new strains)  
 *Leptospira species* (serovars not reported)  
 Mycoplasma species  
 Rocky Mountain Spotted Fever  
 *Salmonella* (DNA extraction 1-5)

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

- 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 the Pathologist Discretion
- Disposal
- Cremation
  - Private Cremation
  - Mass Cremation

**TOXICOLOGY**

- Trace mineral panel  
(Ca, Co, Cr, Cu, Fe, K, Mg, Mn, Mo, Na, P, Se, Zn)
- Heavy metal screen (As, Cd, Pb, Ti, Hg)
- Single Element (any above listed elements) \_\_\_\_\_
- Mycotoxin ELISA
- Plant/Seed Identification
- Blue-Green Algae
- pH
- Other \_\_\_\_\_

**VIROLOGY**

- Distemper (SN)
- Parvovirus Titer

**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.

**HISTORY** (Include clinical signs, differential diagnoses, antibiotic use, vaccine history, duration, number of animals affected, etc.)  
If more space is needed, please continue on and attach additional page.

**PANELS**

- Blood Transfusion Panel
- Comprehensive Diarrhea Panel
- Diarrhea Panel
- Ehrlichia & Anaplasma Panel
- Leptospira Panel (urine and serum)
- Respiratory Panel
- Tick Borne Disease Serology Screen

**PARASITOLOGY**

- Baermann test for lungworm
- Fecal Float (qualitative)
- Fluke Egg Recovery (Sedimentation)
- Giardia fecal Antigen test
- Giardia fecal float
- Heartworm Antigen test (ELISA)
- Heartworm microfilaria DIFIL test
- Heartworm microfilaria Knot's test
- Occult blood (feces)
- Parasite Identification

**SEROLOGY**

- Ehrlichiosis
  - Screen  Titer
- Cryptococcus Latex Agglutination
  - Screen  Titer
- Leishmania infantum (IFA)
  - Screen  Titer
- Lyme disease screen (IFA)
  - Screen  Titer
- Rocky Mtn Spotted Fever titer (IFA)
  - Screen  Titer
- Aspergillosis (AGID)
- Blastomycosis (AGID)
- Brucellosis (Tube ME AGG)
- Brucellosis Card Test (RSAT)
- Coccidioidomycosis
- Histoplasmosis (AGID)
- Leptospirosis 6 serovars (MAT)
- Toxoplasma (ELISA)

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

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 \_\_\_\_\_