



Kansas State Veterinary  
DIAGNOSTIC LABORATORY

# CAPRINE 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:  
 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)  
 Caprine Arthritis Encephalitis (CAE) ELISA  
 Coccidioidomycosis (AGID)  
 Epizootic Hemorrhagic Disease (AGID)  
 Johne's Disease (ELISA)  
 Leptospirosis 6 serovar (MAT)  
 Serum Pregnancy Test (ELISA)

### MOLECULAR DIAGNOSTICS (PCR)

Small Ruminant Abortion Tissue PCR Panel  
 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

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

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.

