



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](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 \_\_\_\_\_

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
-----------	---------	-------	---------	-----	-------------

**SPECIMEN(S) SUBMITTED**

Feces  Milk  Urine  Whole Blood  Fixed Tissue(s) \_\_\_\_\_  Swab(s) \_\_\_\_\_

Fluid \_\_\_\_\_  Serum  Whole Body  Fresh Tissue(s) \_\_\_\_\_  Other \_\_\_\_\_

**HISTOPATHOLOGY**

Biopsy routine report: includes diagnosis, comments, margins evaluations (if requested), and required special stains at pathologist's discretion for 1-3 masses or biopsies from one patient

Extended report: routine report + histologic description

Margin evaluation [no additional charge]

Number of biopsies or masses (**required**) \_\_\_\_\_ (Additional charges after 3)

Incisional  Excisional  Punch  Tru-Cut

Size \_\_\_\_\_

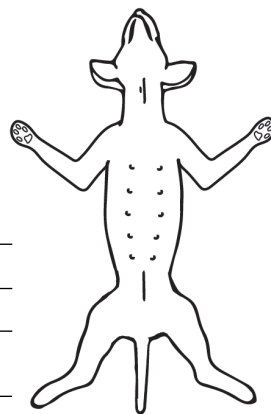
Growth Pattern (expansion, invasion, pedunculation, etc.) \_\_\_\_\_

Rate of Growth \_\_\_\_\_

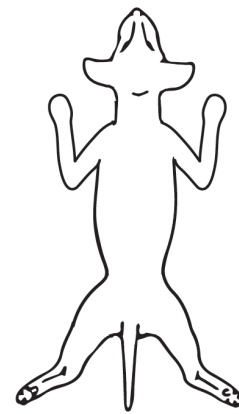
Duration \_\_\_\_\_

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

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



Ventral



Dorsal

**BACTERIOLOGY/MYCOLOGY**

Organism(s) suspected: \_\_\_\_\_

Antibiotics used: \_\_\_\_\_  None

Date of last dose: \_\_\_\_\_

Aerobic Culture

Salmonella enrichment - Additional charge

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

**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 \_\_\_\_\_

**SEROLOGY**

- Aspergillosis (AGID)
- Avian Influenza (AGID)
- Brucella BAPA (default)
- Caprine Arthritis Encephalitis Virus
- (CAE) & Ovine Progressive Pneumonia
- (OPP) - (ELISA)
- Coccidiosis/ Cryptosporidiosis (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)

**VIROLOGY**

- BVD Type 1 (SN)
- BVD Type 2 (SN)
- Canine Distemper (SN)
- SARS - Covid2 Virus Neutralization
- Vesicular Stomatitis (SN)
- Virus Isolation

**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

Accession Number

**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.

OPENED BY <input type="text"/>	<b>Courier Record:</b> <input type="checkbox"/> Courier <input type="checkbox"/> FedEx <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Mail <input type="checkbox"/> UPS
	<b>Coolant Record:</b> <input type="checkbox"/> Coolant Pack <input type="checkbox"/> Dry Ice <input type="checkbox"/> Frozen <input type="checkbox"/> Warmer <input type="checkbox"/> None
	<b>Sample Condition:</b> <input type="checkbox"/> Good <input type="checkbox"/> Broken <input type="checkbox"/> Leaked <input type="checkbox"/> Other _____