



Kansas State Veterinary  
DIAGNOSTIC LABORATORY

# TOXICOLOGY 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 \_\_\_\_\_

**SAMPLE IDENTIFICATION:**

Sample#	Sample / Animal ID	Age	Species / Sample	M/F S/N	Weight (check unit)		
					<input type="checkbox"/> lb	<input type="checkbox"/> g	<input type="checkbox"/> kg
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

<b>Sample Type</b>	<input type="checkbox"/> Serum / Plasma	<input type="checkbox"/> Ocular Fluid	<input type="checkbox"/> Whole Blood	<input type="checkbox"/> Bone	<input type="checkbox"/> Rumen/ stomach Content	<input type="checkbox"/> Water
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<b>Sample Type</b>	<input type="checkbox"/> Feedstuff (corn, DDGS, Silage, TMR, etc)	<input type="checkbox"/> Other	<input type="checkbox"/> Fresh Tissue:
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**MYCOTOXIN TESTING**

Collection Date: \_\_\_\_\_

**Sample Size = ~ 1 cup (Sandwich-size Ziplock Bag)  
Send refrigerated as soon as possible.**

Mycotoxin Panel - Includes Aflatoxin (B1, B2, G1, G2), Vomitoxin T2, DAS, Fumonisin B1 & B2, Zearlenone, Ochratoxin

Single Mycotoxin

Enter Toxin: \_\_\_\_\_



**TOXICOLOGY TESTING**

**Test Samples**

**Test Samples**

- Ammonia \_\_\_\_\_
  - Anions Panel (Sulfate, Nitrate, Chloride, Flouride, Bromide, Nitrate Phosphate) \_\_\_\_\_
  - Anions Single Element \_\_\_\_\_
  - Bone Profile (Ash, Density, Ca, P) \_\_\_\_\_
  - Cholinesterase (Brain or Whole Blood) \_\_\_\_\_
  - Cyanide \_\_\_\_\_
  - Nitrate Screen \_\_\_\_\_
    - Quantitative \_\_\_\_\_
  - Urea \* (Feed) \_\_\_\_\_
  - Other \_\_\_\_\_
- Moisture**
- Moisture Content \_\_\_\_\_

**Ionophore**

- Panel \_\_\_\_\_
- Individual \_\_\_\_\_
- Expected Concentration \_\_\_\_\_

**GC/MS**

- Anticoagulant Panel \_\_\_\_\_
- Carbamate Panel \_\_\_\_\_
- Chlorinated Hydrocarbon Panel \_\_\_\_\_
- Ethylene Glycol \_\_\_\_\_
- GC/MS Toxicant Screen \_\_\_\_\_
- Glyphosate \_\_\_\_\_
- Organophosphates Panel \_\_\_\_\_

Accession Number

**NUTRITION TESTING**

*All samples will be tested for each assay requested unless noted in the column "Test Samples" (i.e.  Vit A 1 - 10  Vit D 11 -20*

Trace Minerals by ICPMS (Ca, Co, Cr, K, Mg, Mn, Mo, Na, P, Zn)	Test Samples	Heavy Metals (As, Cd, Pb, Ti)	Test Samples	Water Quality for livestock suitability	Test Samples
<input type="checkbox"/> Single Element (any listed above) Enter Element: _____	_____	<input type="checkbox"/> Single Element (any listed above) Enter Element: _____	_____	<input type="checkbox"/> Panel (nitrate, TDS, sulfates, coliforms)	_____
<input type="checkbox"/> Trace Mineral Panel <input type="checkbox"/> Dry Weight	_____	<input type="checkbox"/> Blood Lead	_____	<input type="checkbox"/> Blue Green Algae Microscopic Exam	_____
<input type="checkbox"/> Extended Mineral Panel <input type="checkbox"/> Dry Weight	_____	<b>Vitamins</b>		If positive for Blue Green Algae: <input type="checkbox"/> Microcystin/Cylindrospermopsin Quantification	
		<input type="checkbox"/> Vitamin A _____			
		<input type="checkbox"/> Vitamin E _____			

**\* This test is not yet validated by KSVDL, but it is in the process of being validated. This should be completed soon. In the meantime, the test will be referred to another accredited laboratory for testing.**

**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.
- This is a Legal Case**

**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.

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 \_\_\_\_\_