



Kansas State Veterinary
DIAGNOSTIC LABORATORY

CANINE 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

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 _____

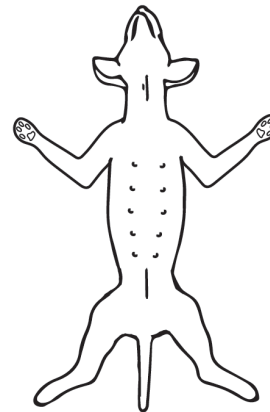
Duration _____

Are margins submitted? Yes No

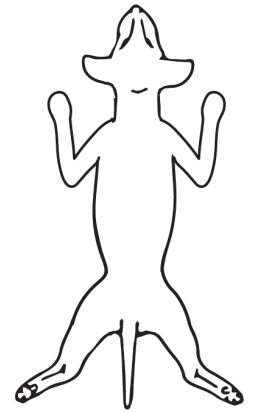
History of recurrence? Yes No If Yes, Previous Accession No.: _____

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)
 Blood Urine

Testing both blood and urine maximizes sensitivity. If not noted on the submission form, KSVDL will default to complete tests on both samples.

- Mycoplasma species
 Rocky Mountain Spotted Fever
 Salmonella (DNA extraction 1-5)



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 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)
- 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 _____