



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

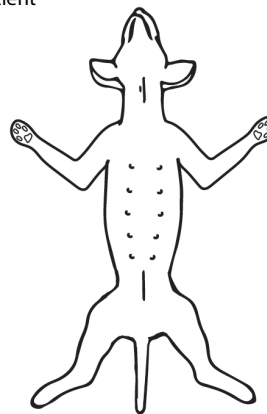
- Feces Milk Urine Whole Blood Fixed Tissue(s) _____ Swab(s) _____
 Fluid _____ Serum Whole Body Fresh Tissue(s) _____ Other _____

HISTOPATHOLOGY

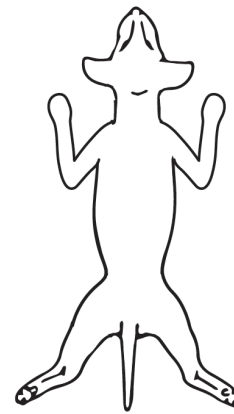
- Biopsy routine report: includes diagnosis, comments, margins evaluations (if requested), and required special stains at pathologist's discretion for 1-3 masses or biopsies from one patient
 Extended report: routine report + histologic description
 Margin evaluation [no additional charge]
 Number of 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: samples meeting criteria for Salmonella enrichment will have an additional charge.
 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, Tl, Hg)

Single Element (any above listed elements) _____

Mycotoxin ELISA

Plant/Seed Identification

Blue-Green Algae

pH

Other _____

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)

VIROLOGY

Distemper (SN)

Parvovirus Titer

SARS - Covid2 Virus Neutralization

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.

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 _____