



Kansas State Veterinary  
DIAGNOSTIC LABORATORY

# CAPRINE 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 \_\_\_\_\_

**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  
 Caseous Lymphadenitis (CLA) 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.

Veterinarian \_\_\_\_\_

Owner Name \_\_\_\_\_

Caprine Form



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**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

Private Cremation

Mass Cremation

**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.

**ANIMAL IDENTIFICATION INFORMATION\***

\* Spreadsheets including animal ID information may be attached to this form or e-mailed to: [receiving@vet.k-state.edu](mailto:receiving@vet.k-state.edu)

TUBE#	ANIMAL ID	BREED	SEX	AGE/DOB	WEIGHT	SAMPLE DATE

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