



Kansas State Veterinary
DIAGNOSTIC LABORATORY

FELINE 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 |
|-----------|-------|-----|---------|--------|-------------|
|-----------|-------|-----|---------|--------|-------------|

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) Histopathology (necropsy)

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 _____

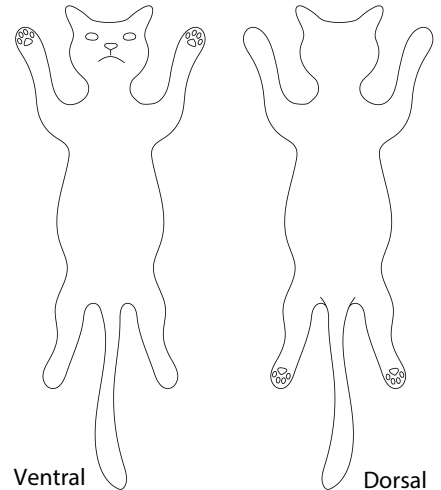
Duration _____

Are margins submitted? Yes No

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

Immunohistochemistry (specify): _____

Special stains (specify): _____



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
 Campylobacter Culture

MOLECULAR DIAGNOSTICS (PCR)

- Feline Upper Respiratory Viral PCR
 Feline Panleukopenia Virus (FPLV)
 Haemoplasma (*M. haemofelis* & *M. haemominutum*)
 Mycoplasma species
 Salmonella (DNA extraction 1-5)
 Tritrichomonas foetus

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 _____

Feline 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

SEROLOGY

Cryptococcus Latex Agglutination

Screen Titer

- Aspergillosis (AGID)
- FIV/FelV Combo
- Histoplasmosis (AGID)
- Toxoplasma (ELISA)

VIROLOGY

- Calicivirus (SN)
- Herpesvirus (SN)
- Infectious Peritonitis (IFA)
- Panleukopenia Virus (HI)

PARASITOLOGY

- Baermann test for lungworm
- Fecal Float (qualitative)
- Fluke Egg Recovery (Sedimentation)
- Giardia fecal Antigen test
- Giardia fecal float
- Heartworm Antibody
- Heartworm microfilaria DIFIL test
- Heartworm microfilaria Knot's test
- Occult blood (feces)
- Parasite Identification
- Tritrichomonas culture

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 _____

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