



STAT (ADD'L FEE)

General Submission Form

New clients, please complete the OVDL New Client Form and Clients Rights & Responsibilities Form

CLIENT DETAILS (Primary Account)

OVDL Account Number: _____

Submitter Account Name: _____

Phone: _____

Address: _____

Email: _____

Submitting Veterinarian: _____

For this submission only, send report to the following emails: _____

OWNER DETAILS

Owner Full Name: _____

Email: _____

Phone: _____

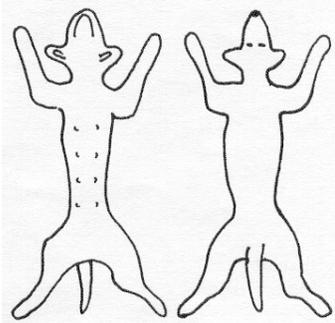
Address: _____ County: _____

City: _____ State: _____ Zip: _____

Previous Accession Number(s): _____

ANIMAL NAME/GROUP ID	SPECIES	BREED	SEX	AGE
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Horse <input type="checkbox"/> Cattle <input type="checkbox"/> Other: _____		<input type="checkbox"/> Spayed <input type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/> Male <input type="checkbox"/> Unknown <input type="checkbox"/> Mixed	<input type="checkbox"/> Years <input type="checkbox"/> Months <input type="checkbox"/> Days
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Horse <input type="checkbox"/> Cattle <input type="checkbox"/> Other: _____		<input type="checkbox"/> Spayed <input type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/> Male <input type="checkbox"/> Unknown <input type="checkbox"/> Mixed	<input type="checkbox"/> Years <input type="checkbox"/> Months <input type="checkbox"/> Days
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HISTORY Please list clinical signs, onset, duration of illness, tentative diagnosis, meds given within the last week, vaccinations, & any other relevant observations:



CLINICAL HISTORY/TREATMENTS: _____

← Mark location of Biopsy or Cytology

Illness Date: _____ Number of sick animals: _____

← Site(s) sampled: _____

Number of healthy animals (housed together): _____

Number of animals that have died: _____

DECEASED ANIMAL Skip to Specimens section if animal is not deceased

_____ Whole Animal Date of Death: _____

Animal euthanized: Yes No

Rabies suspect: Yes No

Chemotherapy patient? Yes No

Was CPR performed: Yes No

Care of remains (choose one):

Routine Disposition

*Cremation: Crematory: _____

*If cremation is selected, submitter must make crematory arrangements directly. Routine disposition will be completed if no selection is made. Biosafety regulations require release of animal remains to crematory service only (not permitted to release to owner).

Name of crematory must be specified within 1 business day

SPECIMENS Please indicate number of submissions of each specimen on the line provided below:

DATE SPECIMEN(S) COLLECTED: _____

_____ Blood, Clotted

_____ Serum

_____ Urine, Voided

_____ Fresh Tissue (List): _____

_____ Blood, EDTA

_____ Plasma, EDTA

_____ Urine, Catheterized

_____ Swab (Origin): _____

_____ Blood, Heparin

_____ Plasma, Heparin

_____ Urine, Cystocentesis

_____ Fluid (Origin): _____

_____ Blood, Citrate

_____ Milk

_____ Formalin Fixed Tissue

_____ Slides (Origin): _____

_____ Feces _____ Other (Origin): _____

RESEARCH If checked, blocks & slides will be returned with no diagnostic read

LABORATORY TESTS

BACTERIOLOGY

- Aerobic Culture
 - Add antimicrobial susceptibility-per bacterial organism
 - Anaerobic Culture (Requires Aerobic Culture)
- Campylobacter Culture
- Corynebacterium pseudotuberculosis culture (RULE OUT ONLY)
- Dermatophyte Culture
- Fungal Culture
- Streptococcus equi ssp. Equi culture (RULE OUT ONLY)
- Salmonella Culture
- Stain: Gram
- Stain Other: _____

MILK CULTURES

- Mastitis
 - Add antimicrobial susceptibility
- Milk Cultures Other: _____

PARASITOLOGY

- Fecal Parasites: Baermann (Lungworm)
- Fecal Flotation: Sugar Centrifugation
- Fecal Flotation: McMaster's
- Haemonchus ID (requires a fecal flotation above)
 - Add percent positive
- Fecal Parasites-Sedimentation (Flukes)
- Fecal Parasites-Wet Mount Microscopic
- Giardia/Crypto FA
- Giardia: Iodine
- Fecal Parasites-Small Animal Panel (Sugar Centrifuge, Baermann, Giardia + Cryptosporidium FA)

HEALTH SCREENS

- Ruminant Enteric Health Screen (Parasitology & PCR)
- Equine Enteric Health Screen (Clostridium Toxins & PCR)
- Equine Neurologic Health Screen (WNV ELISA & EHV PCR)

BIOPSY

- Histopathology (Source): _____

NECROPSY (POST-MORTEM)

- Complete Necropsy
- Necropsy w/price cap: \$ _____
- Abortion Screen (for fetus or fetal tissue)

OTHER

- _____
- _____

Necropsy: Can be performed on whole body or formalin fixed/fresh tissue from deceased animals. This includes an external examination of the animal and examination of the internal organ systems. Microscopic examination of the tissues is performed free of charge, as needed for diagnosis. Additional ancillary testing is completed at the discretion of the pathologist, and each test is charged separately. A price cap for total fees charged may be requested at the time of submission. Please indicate this on the line provided for Necropsy w/price cap.

MOLECULAR DIAGNOSTICS

- Influenza-A Virus PCR (Universal)
- BTV/EHDV PCR
- BVDV PCR
 - Acute/Individual
 - Pooled/PI
- EHV-1 & EHV-4 PCR (Includes detection of neurotropic strain)
- Johne's Disease PCR (MAP)
 - Individual
 - Pooled
- Mycoplasma haemolamae
- Streptococcus equi, ssp. equi (Strangles) PCR
- Potmac Horse Fever (PHF/ N. risticii) PCR
- Equine Coronavirus PCR
- WNV (West Nile Virus) PCR
- White-nose Syndrome (WNS/ P. destructans) PCR

PCR PANELS

- Respiratory PCR Panel
- Scours/Enteric PCR Panel
- Zebrafish PCR Health Screen

SEROLOGY/VIROLOGY

- Anaplasma cELISA
- Brucella ovis ELISA
- Bluetongue virus cELISA
- EHDV AGID
- BVDV-PI ELISA (Ear notch or Serum)
- Cryptococcus Antigen Detection Screen
- Coccidioides AGID
 - IgM Screen
 - IgG Screen
 - Both
- Rabies DFA
- Canine Distemper Virus DFA
- Leptospira MAT-6 Serovars
- Neospora caninum cELISA
- Mammalian Toxoplasma IgG ELISA
- Small Ruminant Lentivirus cELISA: Caprine-CAE; Ovine-OPP
- WNV IgM ELISA (Equine, Camelid)
- Virus Isolation
- Serum virus neutralization assays: _____
(See website for available tests)

CLINICAL PATHOLOGY

CHEMISTRY

- Complete (SA/LA)
- Liver (SA/LA)
- Renal (SA/LA)
- Lipid (LA)
- Metabolic (LA)
- Musculoskeletal (LA)
- Avian Hepatic Panel
- Pick 5 Panel (pick 5 single assays):
 - 1 _____
 - 2 _____
 - 3 _____
 - 4 _____
 - 5 _____

COAGULATION

- DIC Screen (PT, PTT, D-Dimer)

URINE

- Urinalysis
- Urine Protein Creatinine

HEMATOLOGY

- CBC (Fibrinogen inc. for LA)
- Avian CBC

ENDOCRINOLOGY

- ACTH (K9, EQ)
- Cortisol
- Progesterone
- T4 (K9, FE)

CYTOLOGY

- Fluid Analysis
- Slide Only

Assess all lymph nodes as one site? Yes No

OVDL USE ONLY

Tracking #: _____

Delivery Type

- UPS
- FedEx
- US Postal Service
- Courier Hand Delivered

Shipping Charges

- Next Day 2nd Day
- Out of state
- Container Return
- Afterhours

Rec'd by: _____

Specimen Condition

- No ID on samples
- Sample is leaking
- Biohazard: _____
- Other: _____

Date rec'd: _____

Packing

- Frozen Dry ice
- Chilled No ice/cold pack
- Thawed/RT Other: _____

For a complete list of available tests, visit our website: vetmed.oregonstate.edu/ovdl or call 541-737-3261