

Oklahoma Animal Disease Diagnostic Laboratory

Submittal Form

PO Box 7001, Stillwater, OK 74076 (US Mail only)

1950 W. Farm Rd. Stillwater, OK 74078

Phone: 405-744-6623 Fax: 405-744-8612 www.cvhs.okstate.edu/oaddl

CLIENT INFORMATION

Owner			OADDL Account #		
Farm Name			Veterinarian		
Premise ID			Clinic Name		
Address					
City	State	Zip	City	State	Zip
Primary Phone #			Phone #		Fax #
Email					
Signature of Submitter/Date:			Printed Name of Submitter:		

Bill to: <input type="checkbox"/> Veterinarian <input type="checkbox"/> Owner <input type="checkbox"/> Clinic	Date Collected: _____
Report to: <input type="checkbox"/> Veterinarian <input type="checkbox"/> Owner <input type="checkbox"/> Clinic	Legal or Insured (\$150 fee applies to Necropsy cases)
Method: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail (\$3 fee applies)	Rabies Suspect <input type="checkbox"/> Yes Private Cremation <input type="checkbox"/> Yes

Animal ID or Name	Species	Breed	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> MC <input type="checkbox"/> FS	Age	Weight (lb)
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Euthanized? Yes or No, Method: _____ Date: _____

HISTORY / CLINICAL SIGNS (use additional sheet if needed)


Attach additional pages if needed

SPECIMEN(S) SUBMITTED (list quantities below)

<u>Qty</u>	<u>Qty</u>	<u>Qty</u>
___ Whole Animal	___ Ear Notch	___ Swab
___ Aqueous / Ocular fluid	___ Feces	___ Tissue (list) _____
___ Biopsy (<i>location; see below</i>)	___ Feed (list) _____	___ Urine <input type="checkbox"/> Catheter <input type="checkbox"/> Cysto <input type="checkbox"/> Voided
___ Blood, clotted	___ Serum	___ Water (list source) _____
___ Blood, unclotted	___ <input type="checkbox"/> Stomach or <input type="checkbox"/> Rumen Contents	___ Other (list) _____

TEST(S) REQUESTED (see Fee Schedule for complete list of tests)

<input type="checkbox"/> Necropsy	SEE LIST ON BACK	<input type="checkbox"/> Clinical Pathology (Antech)
<input type="checkbox"/> Histopathology (see below)	<input type="checkbox"/> Bacteriology/Mycology	<input type="checkbox"/> CBC
<input type="checkbox"/> Short report <input type="checkbox"/> Detailed report	<input type="checkbox"/> Molecular Diagnostics (PCR)	<input type="checkbox"/> Cytology
<input type="checkbox"/> Rabies Exam	<input type="checkbox"/> Parasitology (CVHS Veterinary Pathobiology)	<input type="checkbox"/> Other (list) _____
<input type="checkbox"/> Abortion Panel	<input type="checkbox"/> Serology	
<input type="checkbox"/> Diarrhea Panel	<input type="checkbox"/> Toxicology	

 <p style="font-size: small;">Dorsal Ventral</p>	<p>Location: _____</p> <p># of sites/lesions: _____</p> <p>Size and shape: _____</p> <p>Duration: _____</p> <p>Rate of Growth: _____</p>	<p>LAB USE ONLY</p> <div style="border: 1px solid black; height: 100px;"></div>
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LAB USE ONLY		
<input type="checkbox"/> FedEx	<input type="checkbox"/> UPS	<input type="checkbox"/> USPS post mark _____
<input type="checkbox"/> Vestibule	<input type="checkbox"/> Drop box	<input type="checkbox"/> Refrigerator
CONDITION UPON RECEIPT: <input type="checkbox"/> Good <input type="checkbox"/> Broken <input type="checkbox"/> Leaked <input type="checkbox"/> Cold Pack <input type="checkbox"/> Dry Ice <input type="checkbox"/> No Refrigerant		
LAB ASSIGNMENTS: P H B My S T Mo O R Antech Disposal (only) Rabies (only)		

Opened by: _____

Specimen Information: continue on additional sheet or use Multiple Animal Submission Form (see www.cvhs.okstate.edu/oaddl)					
#	Animal ID or Name	Species	Breed	Sex	Age
1					
2					
3					
4					
5					

BACTERIOLOGY/MYCOLOGY

Discounted Test Packages

- Aerobic culture with up to 2 susceptibility profiles
- Anaerobic & Aerobic culture with up to 2 susceptibility profiles
- Fungal & Aerobic culture with up to 2 susceptibility profiles
- Salmonella* culture with susceptibility profile (serogrouping upon request)
- Salmonella* culture- environmental (stalls, barns & litter)
- Urine culture with susceptibility (cystocentesis or catheter-collected only)

Routine Testing

- Aerobic culture only
- Antibiotic susceptibility
- Anaerobic culture only
- Campylobacter* culture
- Clostridial culture
- Milk culture and susceptibility
- Mycoplasma* culture
- Salmonella* culture
- Tritrichomonas foetus* (Trich) culture
- Other (list) _____

Mycology

- Fungal culture

MOLECULAR DIAGNOSTICS (PCR)

Discounted Test Package

- Bovine Respiratory Disease Panel (BVD, BRSV, IBR, BCoV, *M. bovis*)
- Canine Distemper Virus Canine
- Herpesvirus
- Canine Influenza
- Canine Parvovirus
- Cytauxzoon felis*
- Ehrlichia* sp.
- Epizootic Hemorrhagic Disease ^R
- Equine Herpesvirus Type 1
- Equine Herpesvirus Type 4
- Equine Influenza
- Exotic Newcastle Disease
- Feline Panleukopenia
- Herpesvirus (general)
- Infectious Bovine Rhinotracheitis
- Johne's Johne's (pooled)
- Leptospira* sp.
- M. gallisepticum* & *M. synoviae*
- Mycoplasma bovis*
- Malignant Catarrhal Fever ^R
- PRRS Virus (NA & EU)
- Streptococcus equi*
- Swine Coronavirus (includes SDCoV, PEDV & TGE)
- Swine Influenza Virus
- Trich Trich (pooled)
- Tularemia (*F. tularensis*)
- West Nile Virus ^R
- Other (list) _____

Routine Testing

- Anaplasma marginale*
- Avian Influenza
- Bluetongue Virus
- Bovine Coronavirus
- Bovine Respiratory Syncytial Virus
- Bovine Viral Diarrhea Virus

PARASITOLOGY (CVHS VETERINARY PATHOBIOLOGY)

- Baermann
- Centrifugal Flotation & Direct Smear
- Coproculture
- Centrifugal Flotation
- Fecal egg count
- Hemoparasite exam (Wright-Giemsa)
- Blocked (heat treated) Heartworm Ag
- Feline Heartworm Ag Ab
- Synbiotic Dirocheck Ag
- Sedimentation
- Modified Knotts
- Giardia Ag
- Gross Parasite ID
- Tick ID
- Other (list) _____

SEROLOGY

Discounted Test Packages

- Bovine ELISA panel (BVD, BLV & Johne's), minimum 11 animals for discount
- Bovine Abortion (*Leptospira* sp., IBR, BVD, *Brucella*, *Neospora* & BVD ELISA)
- Tick Profile (*Ehrlichia canis*, RMSF, Lyme, *Anaplasma*)
- Pseudorabies (PRV) ELISA & *Brucella abortus*

Routine Testing

- Anaplasma* c-ELISA
- Bluetongue c-ELISA ^R
- Bovine Leukemia Virus ELISA
- Bovine Respiratory Syncytial Virus (BRSV) SN ^R
- Bovine Viral Diarrhea (BVD) ELISA (antigen test & PI)
 - serum ear notch (fresh)
- BVD SN
- Brucella abortus* (only official for swine)
- Brucella canis* card or IFA
- Brucella melitensis*
- CAE/OPP c-ELISA
- Canine Distemper SN ^R
- Eastern Equine Encephalitis ^R
- EPM ^R
- Ehrlichia canis* ELISA
- EHV SN ^R
- Equine Piroplasmosis c-ELISA
 - Babesia (Theileria) equi*
 - Babesia caballi*
- EIA (Coggin's)
- EVA SN ^R
- IBR SN
- Johne's ELISA
- Leptospira* sp MAT (5 serovars)
- Lyme Disease ELISA (canine only)
- Neospora* ELISA (bovine only)
- PI3 SN ^R
- Pregnancy ELISA (ruminants only)
- PRRS Virus ELISA ^R
- Pseudorabies gB ELISA
- Rocky Mountain Spotted Fever IFA
- S. pullorum* titration
- Tularemia (*F. tularensis*) ^R
- West Nile Virus IgM ELISA (equine) ^R
- Other (list) _____

TOXICOLOGY

- Aflatoxin (feed only) ^R
- Anticoagulants (blood, tissue or bait) ^R
- Bluegreen algae screen
- Cantharidin (urine) ^R
- Cyanide/prussic acid (forage)
- Drug/Tox screen-GC/MS (urine, liver) ^R
- Ethylene glycol ^R
- Ionophore screen (feed only) ^R
- Mineral screen ^R
- Mineral (serum, liver or kidney) ^R list _____
- Mycotoxin screen ^R
- Lead (whole blood) ^R
- Nitrate quantitation (aqueous fluid, water) ^R
- Nitrate (feed, forage, hay) ^R
- Petroleum hydrocarbons ^R
- Rumen salt screen ^R
- Strychnine ^R
- Sulfates (water only) ^R
- Sulfur (feed) ^R
- Water quality ^R
- Other (list) _____

Unless written agreements are in place prior to submission to OADDL, all submitted materials plus any biological or chemical material derived from the submission shall be the property of Oklahoma State University. Any use of such derived material is by permission of Oklahoma State University.

OADDL reserves the right to forward samples to reference subcontractors for tests not currently available at OADDL.

Tests designated with an "R" are sent to referral labs since they are not offered at OADDL (additional shipping fee may apply).