



Veterinary Diagnostic Laboratory
1937 Christensen Dr | Ames, IA 50011-1100
515-294-1950 | Fax 515-294-6961 | www.vetmed.iastate.edu/vdl

VETERINARIAN _____
Clinic _____
Address _____
City, State & Zip _____
Phone _____ Fax _____
Email _____
Accreditation # (if regulatory) _____

If Owner Name and Address are same as Animal Location (include info under Site Name)

OWNER _____
Address _____
City, State & Zip _____

Third-Party Billing (pre-approved)	Affiliates (list clinic names or codes)

Special Reporting Requests

Fax _____
 Email _____
 This is a Legal Case

Date Collected _____

PATIENT INFORMATION

Animal ID _____
(Sample ID Continuation Form available if listing many ID #'s, see page 3)

Species _____ Breed _____ Gender _____
(Required)

Age/Unit _____
(Required) days weeks months years adult
 NA (Age from Birth)

Location _____

Weight _____ lb g kg
(Weight Unit)

HISTORY

Laboratory Use Only Case No. _____
Inventory

ANIMAL LOCATION: Premises, Herd, and Submission-Level Identifier

SITE NAME _____
Address _____
City, State & Zip _____
County _____ Country _____

Premises ID# (attach premises ID bar code sticker if available)

Lot or Group ID _____
Source or Flow ID _____
Reference (Other) _____

- Premises Type (Best Description)**
- Boar Stud/Breeding Herd
 - Collection Point (Slaughter/Market)
 - Farrow to Feeder/Finish
 - Nursery
 - Grow-Finish (or Wean to Finish)
 - Isolation or Growing Replacement Stock

Vaccine Usage

Vaccine Name	Date Given	Dose

- Cow/Calf
- Feedlot
- Dairy
- Caprine/Ovine
- Equine
- Companion Animal
- University or Research Center
- Other _____

Reason for Test

- General Diagnostics
- Surveillance
- Research
- Other _____
(Specify reason for testing if for official regulatory purposes)

^Testing performed in part or in total at a Referral Laboratory.
^^Assay has not been fully validated for all the testing conducted.

Additional Test Selection on Page 2 >
Sample Type Identification on Page 3 >



VETERINARIAN _____

SITE NAME _____

SAMPLE TYPE	<input type="checkbox"/> Serum/Plasma	<input type="checkbox"/> Ocular Fluid	<input type="checkbox"/> Blood	<input type="checkbox"/> Liver	<input type="checkbox"/> Kidney	<input type="checkbox"/> GI	<input type="checkbox"/> Other _____
CONSECUTIVE SAMPLE ID#'S	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____
	<input type="checkbox"/> Water	<input type="checkbox"/> Milk	<input type="checkbox"/> Urine	<input type="checkbox"/> Brain	<input type="checkbox"/> Bone	<input type="checkbox"/> Feedstuff (corn, DDGS, Silage, TMR, etc.) _____	
	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	

Discretion of Diagnostician – THE DIAGNOSTICIAN’S JUDGMENT WILL DETERMINE TESTS PERFORMED

All samples will be tested for each assay requested unless noted in the column “Test Samples” (i.e., Vit A 1 - 10, Vit D 11 - 20).

VETERINARY DRUG TESTING

Test Samples

Beta-Lactam Panel - Milk^^ _____

Individual Antibiotic - Quant Milk^^ _____

Expected level _____

Test Samples

Antibiotic Panel - Feed _____

Individual Antibiotic - Quant Feed _____

Expected level _____

See ISU VDL website:
www.vetmed.iastate.edu/vdl
for complete listing of tests, fees, and submission guidelines.

NUTRITION TESTING

Test Samples

Minerals by ICPMS

Feed/Tissue Panel _____

Micro Mineral Panel _____

Serum/Water Panel _____

Individual _____

Test Samples

Vitamins in Liver/Serum

Vitamin A _____

Vitamin D _____

Vitamin E _____

Water Quality Panel - for livestock suitability

Includes: nitrate, TDS, sulfates, coliforms _____

Test Samples

Vitamins in Feed

Vitamin A _____

Vitamin D _____

Vitamin E _____

Expected feed level _____

TOXICOLOGY TESTING

Test Samples

Ammonia _____

Anions - Sulfate/Sulfur _____

Anions - Nitrate/Nitrite _____

Anticoagulant Panel _____

Bone Profile (Ash, Density, Ca,P) _____

Carbon Monoxide _____

Cholinesterase (brain or whole blood)^^ _____

Cyanide^^ _____

Ethylene Glycol^^ _____

Urea _____

Other _____

Test Samples

Heavy Metals

Blood Panel (includes As,Cd,Pb,Hg)^^ _____

Arsenic (individual)^^ _____

Mercury (individual)^^ _____

Lead (individual) _____

Ionophore

Screen _____

Individual _____

Expected Concentration _____

Moisture

Percent Loss on Drying _____

Test Samples

Mycotoxins

Feed Panel _____

Aflatoxin M1 (liver) _____

Ergot Alkaloids Panel^^ _____

Toxic Element Panel

Liver or Feed _____

Other _____

Mass Spec Toxicant Screen

GC-MS Toxicant Screen _____

LC-MS Toxicant Screen _____

Combined Toxicant Screen _____

Additional Information or Test Requests:

^^Testing performed in part or in total at a Referral Laboratory.
^^Assay has not been fully validated for all the testing conducted.

Sample Type Identification on Page 3 >

