

Athens Veterinary Diagnostic Laboratory

College of Veterinary Medicine

University of Georgia

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Tel: (706) 542-5568; Fax: (706) 583-0654

Website: www.vet.uga.edu/dlab

Veterinary License Number Required

Check one: Pick up Fax E-mail Report to: _____

Veterinarian _____ Animal's ID _____ Date _____

Clinic Name _____ Owner _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Telephone _____ County _____

Specimen _____ Species _____ Breed _____ Sex _____ Age _____

PLEASE FILL OUT THIS FORM COMPLETELY INCLUDING HISTORY ON REVERSE SIDE: By submitting diagnostic specimens to the AVDL, clients are considered to have agreed to AVDL testing procedures and policies, including billing. If tests not offered or temporarily out of service at AVDL are requested, specimens will be referred to other reputable laboratories and a shipping fee/test charges from the referral laboratory will be added to the client's bill.

Check the appropriate box(es) for requested test. *Call laboratory or consult user manual for appropriate specimens.

CULTURE & IDENTIFICATION

BACTERIOLOGY / MYCOLOGY

- Aerobic culture & Sensitivity
- Anaerobic culture
- Fungal/Yeast culture
- Minimum Antimicrobial Inhibitory Concentration (MIC)
- Salmonella* spp. culture
- Mycobacterium* spp. culture
- Mycoplasma* spp. culture

- Stains (Please select)
 - *acid fast
 - *gram
 - *other _____
- Other _____

VIROLOGY

- Virus Isolation (Specify Virus) _____
- Electron Microscopy
- Rabies
 - Human Exposure
 - Animal Exposure
 - No Exposure

CLINICAL PATHOLOGY

- CBC (EDTA, 2 air-dried slides)
- Chemistry profile (1 ml serum)
- Urinalysis- Collection Method _____
- Amylase (serum)
- Bile acid (serum)
- Blood parasites (2 air-dried smears)
- Cortisol
- Lipase (serum)
- T4 (canine, feline, equine; 0.5 ml serum)
- TSH (canine, feline, equine; 0.5 ml serum)
- Urine protein:creatinine ratio
- Other _____

PATHOLOGY

- (Complete history on reverse side)
- Biopsy Extended Routine
 - Cytology
 - Dermatopathology
 - Necropsy
 - Mail-in Necropsy

ANTIBODY, ANTIGEN & MOLECULAR DETECTION

Check the appropriate box against each disease agent:
 SER: serology (= antibody detection)
 FA: fluorescent antibody staining (= antigen detection)
 PCR: polymerase chain reaction (=nucleic acid detection)

BOVINE

- | SER | FA | PCR | |
|--------------------------|--------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Leukosis |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bluetongue |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bovine viral diarrhea |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Epizootic hemorrhagic dis. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Infectious bovine rhino |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Respiratory syncytial virus |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rotavirus |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Salmonella</i> spp. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other _____ |

CANINE

- | SER | FA | PCR | |
|--------------------------|--------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Coronavirus |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Distemper |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Infectious canine hepatitis |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Parvovirus |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Canine herpesvirus |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other _____ |

EQUINE

- | SER | FA | PCR | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Equine Viral arteritis |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Influenza A type 2 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rhinopneumonitis (EHV-1) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Salmonella</i> spp. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Prescottia equi</i>
(<i>Rhodococcus equi</i>) spp. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Streptococcus equi</i> spp. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other _____ |

FELINE

- | SER | FA | PCR | |
|--------------------------|--------------------------|--------------------------|--------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Infectious peritonitis |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Leukemia |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Panleukopenia |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rhinotracheitis (FHV1) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tularemia |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Chlamydia/Chlamydomphila</i> spp. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>C.felis</i> spp. & Rhino. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other _____ |

PORCINE

- | SER | FA | PCR | |
|--------------------------|--------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Influenza (H1N1 & H3N2) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Parvovirus |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pseudorabies |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PRRS |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | TGE |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rotavirus |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other _____ |

MISCELLANEOUS

- | SER | FA | PCR | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Brucella canis</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Brucella abortus</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Brucella</i> spp. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vesicular stomatitis virus |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Leptospira</i> spp. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Toxoplasma</i> spp. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Campylobacter</i> spp. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Chlamydomphila</i> spp. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Clostridium (Blackleg, Malignant Edema) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Cryptosporidium</i> spp. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Giardia</i> spp. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fungi (Specify) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Influenza type A |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Listeria</i> spp. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Mycobacterium</i> spp. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Mycoplasma</i> spp. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Neospora</i> spp. |

SER FA PCR

- E. coli* pilus antigen
- Other _____

SPECIAL PROCEDURES

- Avian Influenza PCR
- Clostridium difficile* cytotoxic ELISA
- Seal herpesvirus 1 SN
- Morbillivirus SN PCR
- Newcastle disease PCR
- Pacheco's disease FA
- Other _____

PARASITOLOGY

- Direct saline smear
- Fecal egg count
- Fecal float
- Parasite ID
- Other _____

SPECIMENS

- _____
- _____
- Nec _____
- His _____
- CP _____
- Bac _____
- Ser _____
- Vir _____
- Par _____
- EM _____
- Oth _____

Office Use Only!

CLINICAL HISTORY: (For ALL Submitted Samples)

Nutritional information (feed, water, minerals, supplements) _____

History (clinical signs, treatment, response; for dermatopathology also describe skin lesions & lesion distribution) _____

Has previous material been submitted for this problem? _____ Date _____ Case number _____

Deceased: Yes No Euthanasia: Yes No

Vaccination/de-worming history _____

BIOPSY / CYTOLOGY / DERMATOPATHOLOGY (Describe skin lesions above in Clinical History)

LESION INFORMATION

Biopsy/Dermatology (CHECK ONE):

| 0 | 1 | 2 | 3 | 4 cm

Neoplasm size: (a) _____ x _____ x _____ cm. (b) _____ x _____ x _____ cm

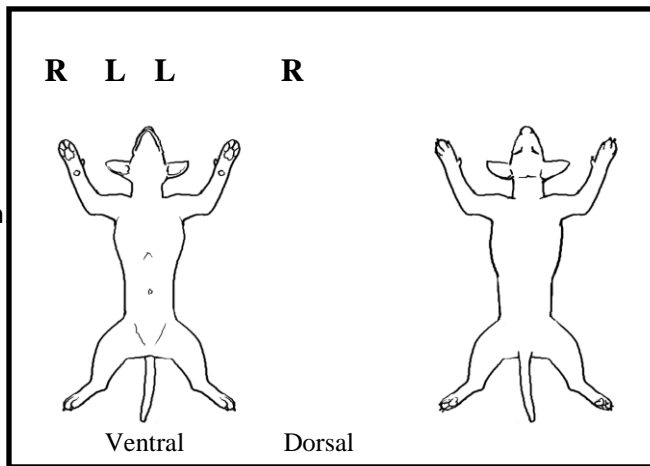
Tissue(s) involved _____

Gross appearance _____

Duration / Rate of development _____

Is entire lesion submitted? Yes _____ No _____

Is there evidence of metastasis? Yes _____ No _____



CYTOLOGY (CHECK ONE)

Tissue Aspirate Tissue Scraping Tissue Imprint Tissue Discharge Cerebrospinal Fluid Body Cavity Fluid

Synovial Fluid Tracheal Wash Bone Marrow (ALSO MUST SUBMIT EDTA BLOOD FOR CBC):

NECROPSY HISTORY

Date and time of death _____ Duration of illness (this animal) _____

Duration of herd/group problem _____ Herd/group size _____

Number of animals affected _____ Number of animals dead _____

Please go to our website www.vet.uga.edu/dlab for fillable submission forms, interactive tests and fee schedule, and additional submission information.