

# Athens Veterinary Diagnostic Laboratory

College of Veterinary Medicine

University of Georgia

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Website: [www.vet.uga.edu/dlab](http://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

### 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"/> | <i>Clostridium</i> (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
- Mobillivirus  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

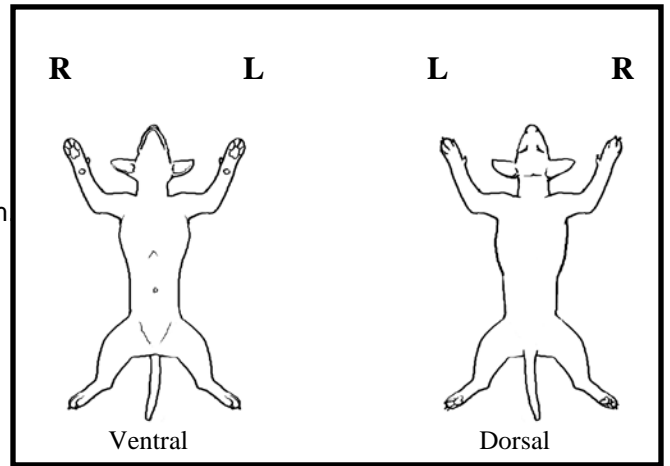
Tissue(s) involved \_\_\_\_\_

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](http://www.vet.uga.edu/dlab) for fillable submission forms, interactive tests and fee schedule, and additional submission information.