



Vet License #

| CLINIC | | | OWNER | | | | | |
|---|-------------------------------|-------------------------|-------------------------|-------------------------------------|-------------------------|---------------|--|--|
| Veterinarian | | | Address | | | | | |
| Address | | | City | ty State Zip | | | | |
| City State Zip | | | County | | | | | |
| Phone | E | mail results to | | | | | | |
| Animal ID S | Species | Breed | Sex | Age/DOB | Date Sampled | Deceased? | | |
| | | List Multiple Animals o | n Herd Anima | al Form | | | | |
| SPECIMENS SUBMITTED. Clearly label individual sites or sample times for multiple specimens. | | | | | | | | |
| Serum Whole bl | lood Ortt O | WTT OSST OEDTA | ○Нер [| Fresh tiss | ue (site): | | | |
| Feces Fluid (source): | | | [| Fixed tissue (site): | | | | |
| Swab (source): | | | [| Slides (site): | | | | |
| ☐ Urine: ○ cystocentesis ○ catheter ○ void | | | [| Other: | | | | |
| DIFFERENTIALS: | | | | | | | | |
| CLINICAL PATHOLOGY | INICAL PATHOLOGY PARASITOLOGY | | MICROBIOLOGY (Cultures) | | | | | |
| CBC with fibrinogen* | | laster's EPG | | Aerobic* | Fungal | | | |
| *Submit w/ 2 unstained blood smears | Cop | roculture | | Anaerobic | Dermat | cophyte | | |
| Fibrinogen Chamistry Profile | Rout | tine Fecal Floa | t | Urine* | Mycoba | icteria | | |
| Chemistry Profile Liver Profile | Inta | Intact Parasite ID | | Ophthalmic | | | | |
| Urinalysis | | rmann gworm | Antib | Antibiotics used in the last month? | | | | |
| Jiliuly 515 | | • | Date | of last dose: | / / Pool Multip | oles? Y N | | |
| | | | _ | nism(s) ected: *Includes s | usceptibility (MIC) whe | n annronriate | | |

Visit portal.vet.uga.edu/catalog for current tests, prices, and sample requirements

| BIOPSY | (USE NECROPSY FORM FOR ALL NECROPSIES) | | | | | | |
|--|--|---|--|--|--|--|--|
| Biopsy Routine Biopsy Extended Yes Dermpath Routine Dermpath Extended CYTOLOGY FNA Aspirate Fluid Analysis (site): | No Entire Lesion Submitted No Evidence of Metastasis ferentiate between when submitting oression Right charge | LESION LOCATION | | | | | |
| *Requires concurrent CBC | Analysis | | | | | | |
| Mass/Lesion size, location, appearance, duration: | | | | | | | |
| MOLECULAR (PCR) | SEROLOGY (Antibody Test) | VIROLOGY (Antigen Test) | | | | | |
| Bovine Resp. Bacteria Panel Bovine Resp. Viral Panel Bovine Resp. Bact&Viral Panel Bovine Reproductive Panel Bovine Diarrhea Panel Caprine/Ovine Diarrhea Panel Kid/Lamb Diarrhea Panel Small Ruminant Resp. Panel Porcine Fecal Panel Tritrichomonas PCR Johne's PCR Influenza A PCR | Fungal Panel A Fungal Panel B Leptospirosis MAT Brucella abortus or suis* *Federal form is required PRV ELISA Anaplasma ELISA Bluetongue ELISA Bovine Leukemia ELISA Johne's ELISA CAE/OPP ELISA EHD AGID Bov Resp. Panel 1 2 Bovine Abortion Panel BVD SN 1 2 | Rabies FA Rabies FA - Human Exposure* *SENDSS number required # Leptospirosis FA Listeria FA PRRS FA PRV FA Swine Influenza FA Bluetongue FA Clostridium chauvoei FA Clostridium septicum FA BVD ELISA (Serum/Ear notch) BVD FA IBR (Rhinotracheitis) FA | | | | | |
| | IBR (Rhinotracheitis) SN | BPI3 (Parainfluenza) FA | | | | | |
| | BPI3 (Parainfluenza) SN BSRV (Syncytial) SN | BRSV (Syncytial) FA | | | | | |
| Submission of specimens for testing by the University of Georgia (UGA) Veterinary Diagnostic Laboratories constitutes a contract for delivery of test results and associated interpretations to the submitter pursuant to which the submitted specimens, as well as products, isolates, and data derived from them, become the property of UGA. UGA may return submitted specimens to submitters if prior arrangements are made with the laboratory. In the case of carcasses submitted for necropsy, remains will only be released to registered pet cremation services. By submitting diagnostic specimens, submitters agree to the laboratory's testing procedures and policies, including billing. If tests not offered or temporarily out of service are requested, specimens may be referred to another reputable laboratory and a shipping fee and test charges from the referral laboratory will be added to the submitter's bill. | | | | | | | |
| Opened by: Coolant Ice Pack Dry Ice | FOR OFFICE USE ONLY Arrival | FedEx UPS Mail Drop off Temperature | | | | | |
| Good Broken | Leaked Other | Frozen Cold Room | | | | | |

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