NDSU VETERINARY DIAGNOSTIC LABORATORY – HERD SEROLOGY/PCR SUBMISSION FORM

Phone 701.231.8307 or 701.231.7527 **Email: ndsu.vetlab@ndsu.edu** **www.vdl.ndsu.edu**

Date shipped

Date received

CASE NO.

Owner:_____ Veterinarian:_____

Address:_____ Clinic:_____

City: _____ Address:_____

State: _____ Zip:_____ City: _____

Phone: _____ State: _____ Zip:_____

Email:_____ Phone:_____

Email report to owner:
❑ YES – must include email address ❑ NO

Email:_____

Payment (if left blank, clinic is responsible for all fees):
❑ Clinic — billed
❑ Owner — prepayment is required

Indicate location of animal(s):
State:_____ Premise ID:_____

❑ FROZEN ❑ COLD ❑ ROOM TEMP
❑ LABELED ❑ UNLABELED

❑ MAIL ❑ UPS ❑ FED EX ❑ SPEE-DEE
❑ COURIER ❑ AFTER HOURS ❑ DROP OFF

❑ Paid: $_____

This area for laboratory use only

Species _____ Breed _____ Export Destination _____

SPECIMENS SUBMITTED: **MUST INCLUDE DATE COLLECTED**____/____/____ Number Submitted_____

❑ Serum ❑ Blood (serum separator tube) ❑ Blood (clotted) ❑ Whole Blood (EDTA)
❑ Feces ❑ Preputial Washings ❑ Fresh Ear Notches

Previous Case No. _____

EXAMINATIONS REQUESTED

Serology *– Please see our website for additional serology tests available*

❑ Bovine Leukemia Virus ELISA ❑ Brucellosis – please indicate if a specific test is required: ○ BAPA ○ CARD ❑ *Brucella ovis* ELISA
❑ Johne's Disease ELISA ❑ *Neospora c*-ELISA ❑ Small Ruminant Lentivirus (OPP/CAE) ELISA ❑ Other _____

Molecular Diagnostics (PCR) *– Please see our website for additional PCR tests available*

❑ Bovine Leukemia Virus (EDTA): (Individual testing only) Other:
❑ Bovine Viral Diarrhea Virus: ❑ Individual ❑ Pool (up to 15 in pool) _____
❑ Johne's Disease (feces): ❑ Individual ❑ Pool (up to 5 in pool)
❑ Tritrichomonas foetus: ❑ Individual ❑ Pool (up to 5 in pool) _____

SAMPLE IDENTIFICATIONS **You must also fill out and attach a copy of the Sample ID Form if submitting more than 6 samples.**

Sample #	Animal ID	Sex	Age
1			
2			
3			

Sample #	Animal ID	Sex	Age
4			
5			
6			

Instructions: ***If submitting more than 6 samples, complete this form and the sample ID form. Enclose a copy of each form with the samples and email a copy to ndsu.vetlab@ndsu.edu.***

Post Office Mail Address: Veterinary Diagnostic Lab, NDSU Dept 7691, PO Box 6050, Fargo, ND 58108-6050
UPS/Fed Ex Address: Veterinary Diagnostic Lab, 4035 19th Ave N, Fargo, ND 58102

- The NDSU VDL reserves the right to subcontract any work required to complete testing. Any subcontracted work will be indicated as such on the laboratory report.
- The submitter is responsible for adherence to sample shipping regulations. No human and ONLY fixed non-human primate samples will be accepted.
- This submission form is a contract between NDSU VDL and the submitter. All fees incurred are the responsibility of the submitter. Specimens including carcasses, tissues and agents isolated from specimens, become the property of NDSU VDL.
- Complete terms and conditions are on our website.

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