

Oklahoma Animal Disease Diagnostic Laboratory

PO Box 7001, Stillwater, OK 74076 (US Mail only)
 1950 W. Farm Rd. Stillwater, OK 74078
 Phone: 405-744-6623 Fax: 405-744-8612 www.cvhs.okstate.edu/oaddl

CLIENT INFORMATION

Owner			OADDL Account #		
Farm Name			Veterinarian		
Premise ID			Clinic Name		
Address			Address		
City	State	Zip	City	State	Zip
Primary Phone #		Phone #		Fax #	
Email			Email		
Signature of Submitter/Date:			Printed Name of Submitter:		
Bill to: <input type="checkbox"/> Veterinarian <input type="checkbox"/> Owner <input type="checkbox"/> Clinic Report to: <input type="checkbox"/> Veterinarian <input type="checkbox"/> Owner <input type="checkbox"/> Clinic Method: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail (\$3 fee applies)			Date Collected: _____ Legal or Insured? <input type="checkbox"/> Yes (\$150 fee applies) Rabies Suspect? <input type="checkbox"/> Yes		
Animal ID	Species	Breed	Sex	Age	Weight (lb)
			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> MC <input type="checkbox"/> FS		
Euthanized? <input type="checkbox"/> Yes or <input type="checkbox"/> No, Method: _____			Date: _____		

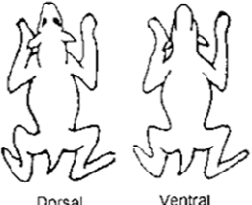
HISTORY / CLINICAL SIGNS (use additional sheet if needed)

SPECIMEN(S) SUBMITTED (list quantities below)

Specimen	Qty	Specimen	# Fixed	# Fresh	Specimen	Qty
Whole Animal	_____	Brain	_____	_____	Feces	_____
Biopsy (<i>location; see below</i>)	_____	Heart	_____	_____	Urine <input type="checkbox"/> Catheter <input type="checkbox"/> Cysto <input type="checkbox"/> Voided	_____
Blood, clotted	_____	Intestine	_____	_____	<input type="checkbox"/> Feed (list) _____	_____
Blood, unclotted	_____	Kidney	_____	_____	<input type="checkbox"/> Water (list source) _____	_____
Serum	_____	Liver	_____	_____	<input type="checkbox"/> Other (list) _____	_____
Ear Notch <input type="checkbox"/> Fixed (formalin) <input type="checkbox"/> Fresh	_____	Lung	_____	_____		
Trich pouch (InPouch)	_____	Lymph Node	_____	_____		
Aqueous / Ocular fluid	_____	Spleen	_____	_____		
<input type="checkbox"/> Stomach or <input type="checkbox"/> Rumen Contents	_____	Stomach	_____	_____		

TEST(S) REQUESTED (see fee schedule for complete list of tests)

<input type="checkbox"/> Necropsy <input type="checkbox"/> Histopathology (see below) <input type="checkbox"/> Short report <input type="checkbox"/> Detailed report <input type="checkbox"/> BVD IHC, ear notch in formalin (see Serology for ELISA on fresh ear notch) <input type="checkbox"/> Rabies <input type="checkbox"/> Abortion Panel <input type="checkbox"/> Diarrhea Panel	SEE LIST ON BACK <input type="checkbox"/> Bacteriology <input type="checkbox"/> Molecular Diagnostics <input type="checkbox"/> Mycology (fungal) <input type="checkbox"/> Parasitology <input type="checkbox"/> Serology <input type="checkbox"/> Toxicology <input type="checkbox"/> Clinical Pathology (Antech) <input type="checkbox"/> CBC <input type="checkbox"/> Profile (<i>list</i>) _____ <input type="checkbox"/> Cytology <input type="checkbox"/> Other (<i>list</i>) _____
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 <p style="text-align: center;">Dorsal Ventral</p>	Location: _____ # of sites/lesions _____ (additional charge after 3) Size and shape: _____ Color, texture and presence of capsule: _____ Growth pattern (expansion, invasion, pedunculation, etc.) _____	Are margins submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Duration: _____ Rate of Growth: _____ History of recurrence: _____
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LAB USE ONLY

<input type="checkbox"/> FedEx <input type="checkbox"/> UPS <input type="checkbox"/> USPS post mark _____ <input type="checkbox"/> Postage Due _____ <input type="checkbox"/> Vet <input type="checkbox"/> Owner <input type="checkbox"/> Courier <input type="checkbox"/> Other	
<input type="checkbox"/> Vestibule <input type="checkbox"/> Drop box <input type="checkbox"/> Refrigerator <input type="checkbox"/> Incubator (login date/time) _____	
CONDITION UPON RECEIPT: <input type="checkbox"/> Good <input type="checkbox"/> Broken <input type="checkbox"/> Leaked <input type="checkbox"/> Cold Pack <input type="checkbox"/> Dry Ice <input type="checkbox"/> No Refrigerant	
LAB ASSIGNMENTS: P H B My S T V Mo Mp R Antech Disposal (only) Rabies (only)	Opened by: _____

Specimen Information: <i>continue on additional sheet or use Multiple Animal Submission Form (see www.cvhs.okstate.edu/oaddl)</i>					
#	Specimen ID	Species	Breed	Sex	Age
1					
2					
3					
4					
5					

BACTERIOLOGY/MYCOLOGY

Discounted Test Packages

- Aerobic culture with up to 2 susceptibility profiles
 Anaerobic & Aerobic culture with up to 2 susceptibility profiles
 Fungal & Aerobic culture with up to 2 susceptibility profiles
 Salmonella culture with susceptibility profile (serogrouping upon request)
 Salmonella culture- environmental (stalls, barns & litter)
 Urine culture with susceptibility (cystocentesis or catheter-collected only)

Routine Testing

- Aerobic culture only
 Antibiotic susceptibility (billed per isolate)
 Anaerobic culture only
 Campylobacter (Campy) culture
 CEM culture (notify lab in advance)
 Clostridial FA panel
 Milk culture and susceptibility
 Mycoplasma culture
 Salmonella culture (see above)
 Tritrichomonas foetus (Trich)

Mycology

- Fungal culture

MOLECULAR DIAGNOSTICS (PCR)

Bacterial/Protozoal PCRs

- Anaplasma marginale*
 Chlamydia spp.
 Cl. perfringens toxin typing
 Cytauxzoon felis
 Ehrlichia
 Johne's Johne's (pooled)
 Leptospira sp
 Mycoplasma bovis
 Trich Trich (pooled)
 Tularemia (*F. tularensis*)
 Streptococcus equi
 Other (*list*) _____

Viral PCRs

- Avian Influenza
 Bluetongue Virus
 Bovine Coronavirus
 BRSV
 BVD
 Canine Distemper
 Canine Herpesvirus
 Canine Influenza
 Canine Parvovirus
 Classical Swine Fever
 Epizootic Hemorrhagic Disease
 Equine Herpesvirus Type 1
 Equine Herpesvirus Type 4

- Equine Influenza
 Exotic Newcastle Disease
 Feline Panleukopenia
 Herpesvirus (general)
 Infectious Bovine Rhinotracheitis
 Malignant Catarrhal Fever
 Swine Influenza
 West Nile Virus
 Other (*list*) _____

PARASITOLOGY

- Baermann
 Centrifugal Flotation/Direct Smear
 Flotation
 Fecal egg count
 Hemoparasite exam (Wright-Giemsa)
 Blocked (heat treated) Heartworm Ag
 Feline Heartworm Ag Ab
 Synbiotic Dirocheck Ag
 Sedimentation
 Modified Knott's
 Giardia Ag
 Gross Parasite ID
 Tick ID
 Other (*list*) _____

SEROLOGY

Discounted Test Packages

- Bovine ELISA panel (BVD, BLV & Johne's), minimum 11 animals for discount
 Bovine Abortion (Lepto, IBR, BVD, Brucella, Neospora & BVD ELISA)
 Equine Abortion (Lepto, EHV I, EVA)
 Tick Profile (*Ehrlichia canis*, RMSF, Lyme, Anaplasma)

Routine Testing

- Anaplasmosis c-ELISA
 Bluetongue c-ELISA
 Bovine Leukemia ELISA
 Bovine Pregnancy Test
 BRSV SN
 BVD ELISA (Viral antigen test)
 serum ear notch (fresh)
 BVD SN
 Brucella abortus (only official for swine)
 Brucella canis card or IFA
 CAE/OPP c-ELISA
 Canine Distemper SN^R
 Canine parvovirus IFA
 Eastern Equine Encephalitis^R
 EPM^R
 Ehrlichia canis ELISA
 EHV SN
 Equine Piroplasmiasis c-ELISA
 Babesia (Theileria) equi
 Babesia caballi
 EIA (Coggins)
 EVA SN
 Heartworm ELISA (canine only)
 IBR SN
 Johne's ELISA
 Leptospira sp MAT (5 serovars)
 Lyme Disease ELISA (canine only)
 Neospora ELISA (bovine only)
 PI3 SN
 Pregnancy ELISA (bovine, ovine & caprine)
 PRRS ELISA^R
 Pseudorabies gB ELISA
 Rocky Mountain Spotted Fever IFA
 Tularemia (*F. tularensis*)^R
 West Nile Virus IgM ELISA (equine only)
 Other (*list*) _____

TOXICOLOGY

- Aflatoxin (feed only)^R
 Anticoagulants (blood, tissue or bait)^R
 Bluegreen algae screen
 Cantharidin (urine)^R
 Cyanide/prussic acid (forage)
 Drug/Tox screen-GC/MS (urine, liver)^R
 Ethylene glycol^R
 Ionophore screen (feed only)^R
 Mineral screen, 29 elements^R
 Mineral (serum, liver or kidney)^R list _____
 Mycotoxin screen^R
 Lead (whole blood)
 Nitrate quantitation (aqueous fluid, water)^R
 Nitrate (feed, forage, hay)^R
 Petroleum Hydrocarbons^R
 Rumen pH
 Rumen salt screen^R
 Strychnine^R
 Sulfates (water only)^R
 Sulfur (feed)^R
 Strychnine^R
 Vomitoxin panel^R
 Water Quality^R
 Other (*list*) _____

Unless written agreements are in place prior to submission to OADDL, all submitted materials plus any biological or chemical material derived from the submission shall be the property of Oklahoma State University. Any use of such derived material is by permission of Oklahoma State University.

OADDL reserves the right to forward samples to reference subcontractors for tests not currently available at OADDL.

Tests designated with an "R" are sent to referral labs.