



General Submission Form

New clients, please complete the **OVDL Client Registration Form**, **Clients Rights & Responsibilities Form**, and the **Revolving Charge Agreement Form**.
 Returning clients, to update your contact information, please submit an **OVDL Existing Client Registration Form**.

CLIENT DETAILS (Primary Account)

OVDL Acct Number (if app.): _____
 Primary Acct Name: _____
 Business/Org. Name (if app.): _____
 State: _____ Email: _____
 Phone: _____
 Submitting Veterinarian: _____
 For this submission only, send report to the following additional email(s): _____

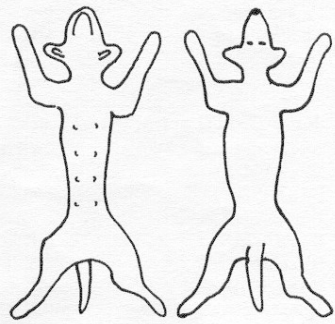
OWNER DETAILS

Owner Full Name: _____
 Email: _____ Check to send copy to owner
 Phone: _____
 Address: _____ County: _____
 City: _____ State: _____ Zip: _____
 Previous Accession Number(s): _____

ANIMAL IDENTIFICATION (Please use Multiple Animal Identification Form for additional animals)

NAME/GROUP ID	TOTAL #	SPECIES	BREED	SEX	AGE	WEIGHT
		<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Horse <input type="checkbox"/> Cattle <input type="checkbox"/> Other: _____		<input type="checkbox"/> Spayed Female <input type="checkbox"/> Female <input type="checkbox"/> Neutered Male <input type="checkbox"/> Male <input type="checkbox"/> Unknown <input type="checkbox"/> Mixed	<input type="checkbox"/> Years <input type="checkbox"/> Months <input type="checkbox"/> Days	<input type="checkbox"/> Lbs. <input type="checkbox"/> Kg.
		<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Horse <input type="checkbox"/> Cattle <input type="checkbox"/> Other: _____		<input type="checkbox"/> Spayed Female <input type="checkbox"/> Female <input type="checkbox"/> Neutered Male <input type="checkbox"/> Male <input type="checkbox"/> Unknown <input type="checkbox"/> Mixed	<input type="checkbox"/> Years <input type="checkbox"/> Months <input type="checkbox"/> Days	<input type="checkbox"/> Lbs. <input type="checkbox"/> Kg.
		<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Horse <input type="checkbox"/> Cattle <input type="checkbox"/> Other: _____		<input type="checkbox"/> Spayed Female <input type="checkbox"/> Female <input type="checkbox"/> Neutered Male <input type="checkbox"/> Male <input type="checkbox"/> Unknown <input type="checkbox"/> Mixed	<input type="checkbox"/> Years <input type="checkbox"/> Months <input type="checkbox"/> Days	<input type="checkbox"/> Lbs. <input type="checkbox"/> Kg.

HISTORY Please list clinical signs, onset, duration of illness, tentative diagnosis, meds given within the last week, vaccinations, & any other relevant observations:



CLINICAL HISTORY: _____

CLINICAL DIAGNOSIS: _____

TREATMENT: _____

Illness Date: _____ Date of Death: _____

← Mark location of Biopsy or Cytology Number of healthy animals (housed together): _____

← Site(s) sampled: _____ Number of sick animals: _____

_____ Number of animals that have died: _____

WHOLE ANIMAL

Animal euthanized: Yes No Date of Death: _____

Rabies suspect: Yes No Notes: _____

Was CPR performed: Yes No _____

Care of remains: Routine Disposal *Cremation

Crematory Service: _____

*If cremation is selected, submitter must make crematory arrangements directly. Routine disposal will be completed if no selection is made. Remains will be released to crematory service only. Name of crematory service must be specified within 3 business days.

SPECIMENS Please indicate number submitted for each specimen on the line provided below:

DATE SPECIMEN(S) COLLECTED: _____ **DATE SPECIMEN(S) SUBMITTED:** _____

_____ Blood, Clotted	_____ Serum	_____ Urine, Voided	_____ Feces	_____ Fluid (Origin): _____
_____ Blood, EDTA	_____ Plasma, EDTA	_____ Urine, Catheterized	_____ Fresh Tissue	_____ Swab (Origin): _____
_____ Blood, Heparin	_____ Plasma, Heparin	_____ Urine, Cystocentesis	_____ Formalin Fixed Tissue	_____ Slides (Origin): _____
_____ Blood, Citrate	_____ Milk			_____ Other(Origin): _____

STAT (ADD'L FEE) **RESEARCH** If checked, blocks & slides will be returned with no diagnostic read

LABORATORY TESTS

BACTERIOLOGY

- Aerobic Culture
 - Add Antimicrobial Susceptibility-per bacterial organism
 - Anaerobic Culture (Requires Aerobic Culture)
- Campylobacter Culture
- Corynebacterium pseudotuberculosis (RULE OUT ONLY)
- Dermatophyte Culture
- Fungal Culture
- MILK CULTURES**
 - Mastitis
 - Add Antimicrobial Susceptibility
 - Milk Culture (Staph ONLY)
 - Milk Culture (Mycoplasma ONLY)
 - Milk Culture (Bulk Tank)
- Streptococcus equi ssp. equi (RULE OUT ONLY)
- Salmonella Culture
- Stain: Clostridial FA
- Stain: Gram
- Other: _____

PARASITOLOGY

- Fecal Parasites: Baermann (Lungworm)
- Fecal Flotation: Sugar Centrifugation
 - Haemonchus ID +/-
 - Haemonchus ID %
- Fecal Flotation: McMaster's
 - Haemonchus ID +/-
 - Haemonchus ID %
- Fecal Parasites-Sedimentation (Flukes)
- Fecal Parasites-Wet Mount Microscopic
- Giardia/Crypto FA
- Giardia: Iodine
- Fecal Parasites-Small Animal Panel (Sugar Centrifugation Baermann, Giardia FA, and Cryptosporidium slide exam)

HEALTHSCREENS

- Ruminant Enteric Health Screen (Parasitology & PCR)
- Equine Neurologic Health Screen (WNV ELISA & EHV PCR)
- Equine Enteric Health Screen (Clostridium Toxins & PCR)

BIOPSY

- Histopathology (Source): _____

NECROPSY (POST-MORTEM)

- Complete Necropsy (Recommended for most cases.)
- Gross Necropsy
- Necropsy w/price cap: \$ _____
- Abortion Screen (for fetus or fetal tissue)

OTHER

- _____
- _____
- _____

Complete Necropsy: Can be performed on whole body or formalin fixed/fresh tissue from deceased animals. A gross necropsy examination is performed, with additional ancillary testing to be completed at the discretion of the pathologist.

Gross Necropsy: Examination includes an external examination of the animal and an examination of the internal organs including those of the respiratory system, digestive system, cardiovascular system, urogenital system, endocrine system, and brain. The spinal cord and peripheral nerves may also be examined if indicated by the animal's history.

MOLECULAR DIAGNOSTICS

- Influenza-A Virus PCR (Universal)
- BTV/EHDV PCR
- BVDV PCR
 - Acute/Individual
 - Pooled/PI
- EHV-1 & EHV-4 PCR (Includes detection of neurotropic strain)
- Johne's Disease PCR (MAP)
 - Individual
 - Pooled
- Salmonella spp. PCR (Culture & serotyping added if detected + fee)
- Streptococcus equi, ssp. equi (Strangles) PCR
- Potomac Horse Fever (PHF/ N. risticii) PCR
- Equine Coronavirus PCR
- WNV (West Nile Virus) PCR
- White-nose Syndrome (WNS/ P. destructans) PCR

PCR PANELS See website for test details

- Respiratory PCR Panel
- Enteric/Scours PCR Panel

SEROLOGY/VIROLOGY

- Rabies DFA
- Anaplasma cELISA
- Brucella canis RSAT
- Brucella ovis ELISA
- Bluetongue virus cELISA
- BVDV-PI ELISA (Ear notch or Serum)
- EHDV AGID
- Coccidioides AGID
 - IgM Screen
 - IgG Screen
 - Both
- Cryptococcus Antigen Detection Screen
- Direct Fluorescent Antibody (DFA): _____
- Indirect Fluorescent Antibody (IFA): _____
- See website for available tests**
- Leptospira MAT-6 Serovars
- Neospora caninum cELISA
- Mammalian Toxoplasma IgG ELISA
- Serum virus neutralization assays: _____
- See website for available tests**
- Small Ruminant Lentivirus cELISA: Caprine-CAE; Ovine-OPP
- WNV IgM ELISA (Equine, Camelid)
- Virus Isolation

CLINICAL PATHOLOGY

CHEMISTRY

- Complete (SA/LA)
- Liver (SA/LA)
- Renal (SA/LA)
- Lipid (LA)
- Metabolic (LA)
- Musculoskeletal (LA)
- Avian Hepatic Panel
- Misc: _____
- Misc: _____
- Pick 5 Panel (pick 5 single assays):**
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____

URINE

- Urinalysis
- Urine Protein Creatinine

HEMATOLOGY

- CBC (Fibrinogen inc. for LA)
- Avian CBC

ENDOCRINOLOGY

- ACTH (K9, EQ)
- Cortisol
- Progesterone
- T4 (K9, FE)

CYTOLOGY

- Fluid Analysis
- Slide Only
- Assess all lymph nodes as one site?** Yes No

OVDL USE ONLY

Rec'd by: _____ Date rec'd: _____ Tracking #: _____

Shipping Next Day 2nd Day

- UPS
- O/S
- FedEx
- USPS
- Courier
- Hand Delivered
- After Hours

Specimen Condition

- No ID on samples
- Sample is leaking
- Sample not viable
- Other: _____

Packing

- Frozen
- Chilled
- Dry Ice
- No ice/cold pack
- Thawed
- Other: _____

For a complete list of available tests, visit our website vetmed.oregonstate.edu/diagnostic or call 541-737-3261.