



General Submission Form

New clients, please complete the **OVDL New Client Form, Clients Rights & Responsibilities Form and OSU RCA Form.**
 Returning clients, to update your contact information, please submit an **OVDL New Client Form.**

CLIENT DETAILS (Primary Account)

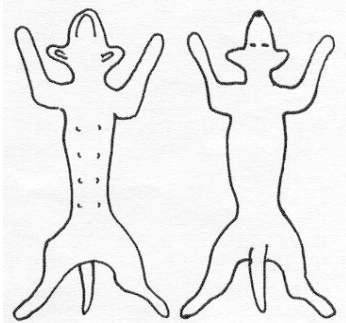
OVDL Acct Number (if app.): _____
 Primary Acct (Business/Org) Name: _____
 Address: _____
 Email: _____
 Phone: _____
 Submitting Veterinarian: _____
 For this submission only, send report to the following email(s): _____

OWNER DETAILS

Owner Full Name: _____
 Email: _____
 Phone: _____
 Address: _____ County: _____
 City: _____ State: _____ Zip: _____
 Previous Accession Number(s): _____

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

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



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

_____ Whole Animal Date of Death: _____

Animal euthanized: Yes No **NOTES:**

Rabies suspect: Yes No

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. Biosafety regulations require release of animal remains to crematory service only (not permitted to release to owner).

Name of crematory must be specified within 1 business day.

SPECIMENS Please indicate number of submissions 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 Cultures Other: _____
- Streptococcus equi ssp. Equi (RULE OUT ONLY)
- Salmonella Culture
- Stain: Gram
- Stain Other: _____

PARASITOLOGY

- Fecal Parasites: Baermann (Lungworm)
- Fecal Flotation: Sugar Centrifuge
- Fecal Flotation: McMaster's
- Haemonchus ID (requires fecal flotation)
 - Add percent positive
- Fecal Parasites-Sedimentation (Flukes)
- Fecal Parasites-Wet Mount Microscopic
- Giardia/Crypto FA
- Giardia: Iodine
- Fecal Parasites-Small Animal Panel (Sugar Centrifuge, Baermann, Giardia + Cryptosporidium FA)

HEALTH SCREENS

- 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
- Necropsy w/price cap: \$ _____
- Abortion Screen (for fetus or fetal tissue - see website for details)

OTHER

- _____
- _____

NOTES:

Necropsy: Can be performed on whole body or formalin fixed/fresh tissue from deceased animals. This includes an external examination of the animal and examination of the internal organ systems. Microscopic examination of the tissues is performed free of charge, as needed for diagnosis. Additional ancillary testing is completed at the discretion of the pathologist, and each test is charged separately. A price cap for total fees charged may be requested at the time of submission. Please indicate this on the line provided for Necropsy w/price cap.

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
- Mycoplasma haemolamae
- 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
- Zebrafish PCR Health Screen

SEROLOGY/VIROLOGY

- Anaplasma cELISA
- Brucella ovis ELISA
- Bluetongue virus cELISA
- EHDV AGID
- BVDV-PI ELISA (Ear notch or Serum)
- Coccidioides AGID
 - IgM Screen
 - IgG Screen
 - Both
- Cryptococcus Antigen Detection Screen
- Rabies DFA
- Canine Distemper Virus DFA
- 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
- Pick 5 Panel (pick 5 single assays):
 - _____
 - _____
 - _____
 - _____
 - _____

COAGULATION

- DIC Screen (PT, PTT, D-Dimer)

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

Tracking #: _____

Rec'd by: _____

Date rec'd: _____

Shipping

- Out of state
- UPS
- FedEx
- USPS
- Next Day
- 2nd Day
- PP
- Afterhours
- Hand delivered
- Courier

Specimen Condition

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

Packing

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

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