

MDA-VDL Sample Submission Form



Missouri Department of Agriculture
Veterinary Diagnostic Laboratory
 701 N. Miller Ave
 Springfield, MO 65802
 Phone: 417-895-6861

Accession #:
Date Collected:
Date Submitted:

Client Information
Submitting Veterinarian:
Clinic:
Account #:
Address:
City/State/Zip:
Phone:
Email:

Owner Information
Owner:
Business/Premise ID:
Address:
City/State/Zip:
County:
Phone:
Samples Submitted by Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No

Send Results Via (Check All That Apply): Mail Email Fax

Sample Type				
<input type="checkbox"/> Whole Blood	<input type="checkbox"/> Feed	<input type="checkbox"/> Whole Animal(s)	<input type="checkbox"/> Fresh Tissue	Type: _____
<input type="checkbox"/> Serum	<input type="checkbox"/> Urine	<input type="checkbox"/> Trich Pouch	<input type="checkbox"/> Swab	Type: _____
<input type="checkbox"/> Milk	<input type="checkbox"/> Feces	<input type="checkbox"/> Trich PBS Tube	<input type="checkbox"/> Fluid	Type: _____
<input type="checkbox"/> BHI Tube (# Swabs per Tube: _____)		<input type="checkbox"/> Other: _____		

Poultry	
<input type="checkbox"/> Avian Influenza AGID	<input type="checkbox"/> Pasturella
<input type="checkbox"/> Avian Newcastle	<input type="checkbox"/> Salmonella Culture
<input type="checkbox"/> Bordetella ELISA	<input type="checkbox"/> Salmonella Pullorum
<input type="checkbox"/> Hemorrhagic Enteritis	<input type="checkbox"/> Salmonella Typhimurium
<input type="checkbox"/> Mycoplasma ELISA	<input type="checkbox"/> Other: _____
<input type="checkbox"/> MG <input type="checkbox"/> MM <input type="checkbox"/> MS	

Molecular Diagnostics	
<input type="checkbox"/> Avian Influenza PCR	<input type="checkbox"/> Salmonella PCR
<input type="checkbox"/> Avian Newcastle PCR	<input type="checkbox"/> Tritrichomonas Pouch PCR
<input type="checkbox"/> Johnes PCR	<input type="checkbox"/> Tritrichomonas Tube PCR
<input type="checkbox"/> Johnes Pooled PCR	<input type="checkbox"/> Tritrichomonas Pooled PCR
<input type="checkbox"/> Mycoplasma PCR	<input type="checkbox"/> Other: _____
<input type="checkbox"/> MG <input type="checkbox"/> MS	

Serology	
<input type="checkbox"/> Anaplasmosis ELISA	<input type="checkbox"/> Bovine Viral Diarrhea ELISA (BVD)
<input type="checkbox"/> Blue Tongue ELISA	<input type="checkbox"/> Brucella Canis TAT
<input type="checkbox"/> Bovine Leukosis (BLV) ELISA	<input type="checkbox"/> Brucella Ovis ELISA
<input type="checkbox"/> Bovine Pregnancy ELISA	<input type="checkbox"/> Johnes ELISA
<input type="checkbox"/> Other: _____	

Microbiology and Pathology	
<input type="checkbox"/> Aerobic Bacterial Culture	<input type="checkbox"/> Gram's Stain
<input type="checkbox"/> Anaerobic Bacterial Culture	<input type="checkbox"/> Gross Necropsy
<input type="checkbox"/> Antimicrobial Susceptibility	<input type="checkbox"/> Gross Necropsy with Bacterial Culture
<input type="checkbox"/> Brucella Canis Culture	<input type="checkbox"/> Milk Culture with Sensitivity
<input type="checkbox"/> Fecal Float	<input type="checkbox"/> Salmonella Culture
<input type="checkbox"/> Fungal Culture	<input type="checkbox"/> Other: _____

Comments:

	Animal ID/Flock ID	Flock Size For Poultry Use Only	Species	Breed	Sex	Age	Test Result For Laboratory Use Only
1							
2							
3							
4							
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29							
30							
Final Report:		Date:		# of Samples Received:		Invoice #:	

Continuation Form

	Animal ID/Flock ID	Flock Size For Poultry Use Only	Species	Breed	Sex	Age	Test Result For Laboratory Use Only
31							
32							
33							
34							
35							
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57							
58							
59							
60							
Final Report:		Date:		# of Samples Received:		Invoice #:	