

MPIV

STAT

(may incur additional charges)

Previous Case # _____



VETERINARY DIAGNOSTIC LABORATORY

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VETERINARIAN		
CLINIC/HOSPITAL		
ADDRESS		
CITY STATE ZIP		
PHONE ()	FAX ()	
CLINIC EMAIL		
VET EMAIL		
P.O./ACCT #/FOP		
FEIN #	<input type="checkbox"/> NEW CLIENT <input type="checkbox"/> UPDATES	
BILLING COMMENTS (Owner billing not available)		
CONDITIONS SUSPECTED (HISTORY ON PAGE 2)		

RESULTS FAX EMAIL CLINIC EMAIL VET ONLINE/APP

COPY RESULTS VTH OTHER (NAME WITH FAX OR EMAIL BELOW)

SEND SUBMISSION FORMS FEE SCHEDULE

OWNER NAME		
CITY	STATE	ZIP
BREED		AGE
SPECIES <input type="checkbox"/> CANINE <input type="checkbox"/> FELINE <input type="checkbox"/> EQUINE <input type="checkbox"/> BOVINE <input type="checkbox"/> PORCINE		
<input type="checkbox"/> OVINE <input type="checkbox"/> CAPRINE <input type="checkbox"/> AVIAN <input type="checkbox"/> OTHER		
SEX <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> MC <input type="checkbox"/> FS	WEIGHT	
ANIMAL ID <input type="checkbox"/> MORE ID'S ON BACK		
DATE SENT / /	<input type="checkbox"/> USPS <input type="checkbox"/> UPS <input type="checkbox"/> FEDEX <input type="checkbox"/> COURIER	
	<input type="checkbox"/> DROP OFF <input type="checkbox"/> OTHER	
DATE COLLECTED / /	SPECIMEN <input type="checkbox"/> TISSUE <input type="checkbox"/> FECES <input type="checkbox"/> WHOLE BLD	
	<input type="checkbox"/> SERUM <input type="checkbox"/> URINE <input type="checkbox"/> SWAB SITE	

ACCESSION # _____
Place sticker here

ADDITIONAL TESTING MAY BE AVAILABLE, CHECK OUR WEBSITE FOR DETAILS

MICROBIOLOGY PARASITOLOGY IMMUNOLOGY

MICROBIOLOGY

CULTURES

- Aerobic culture
 - Aerobic culture & 1 Susceptibility
 - Aerobic culture & up to 2 Susceptibility
 - Aerobic culture & up to 4 Susceptibility
- Anaerobic culture
- Biolog Microphenotypic ID (3 replicates)
- Brucella culture
- Campylobacter culture
- Environmental/C & D
- MALDI-TOF-identification
- MALDI-TOF-Heirachical Cluster Analysis
- Mastitis evaluation/culture
- Milk bulk tank culture (qualitative & quantitative)
- Mycobacterium culture (rapid growing)
- Mycology (fungal) culture
- Rapid urea – Helicobacter screen
- Salmonella- See "Salmonella PCR"
- Shigella culture
- Subculture (banking and slants for transport)
- Yersinia culture

SUSCEPTIBILITY TESTING

- Aerobic Susceptibility (additional at full price)
- Anaerobic isolates
- Extended G+/G- panels
- Individual E-test MIC strip _____
- Individual K-B Disk _____
- Methicillin MIC
- Mycobacterium/Nocardia panel
- Ophthalmic KB Panel (Topical)
- Yeast MIC – 9 drug panel

MOLECULAR DETECTION OR CHARACTERIZATION

- 16S-23S rRNA (bacterial sequence id)
- 5S-18S rRNA (mycology sequence id)
- Blastomyces dermatitidis PCR
- Brachyspira PCR
- Brucella PCR
- Campylobacter species PCR

MOLECULAR DETECTION OR CHARACTERIZATION

- Clostridium difficile toxin ELISA
- Clostridium FA Blackleg
- Clostridium perfringens toxin typing PCR
- E. coli virulence PCR (adhesins & toxins)
- Francisella tularensis PCR
- Lawsonia rPCR
- Leptospira urine/tissue rPCR ONLY
- Leptospira Panel (incl PCR & Titer Profile)
- Leptospira Serum Titer Profile ONLY (includes autumnalis, bratislava, canicola, grippityphosa, hardjo, ictero-haemorrhagiae, pomona)
- Listeria monocytogenes PCR
- Mycobacterial PCR (slow growing)
- M. Paratuberculosis PCR [Johne's]
- Mycoplasma PCR [hematogenous] (by host species)
- Mycoplasma PCR - respiratory, joint, milk
- Mycoplasma speciation (16S sequencing)
- Ophidiomyces PCR
- P. destructans (White Nose) PCR
- Potomac Horse fever PCR
- Rhodococcus equi rPCR
- Salmonella PCR (positive includes culture/ isolation)
 - 1 sample/1 submission
 - 3 successive tests/1 submission
- Strep equi M-protein PCR (includes culture)
- Strep equi typing – szp and sem sequencing
- Tick borne Pathogen PCR Panel- (Includes all tests below) Or select one or more
 - Anaplasma PCR
 - Babesia PCR
 - Bartonella PCR
 - Borrelia PCR
 - Ehrlichia PCR
 - Rickettsia PCR

Recent Antimicrobial Therapy

URINE COLLECTION METHOD _____

SPECIALIZED STAIN/MICROSCOPIC

EXAMINATION

- Acid fast stain – (Mycobacteria, Nocardia)
- Gram stain examination
- Lacto phenol cotton blue (fungal stain)
- VB4R (spirochetes)

PARASITOLOGY

- Baermann technique
- Cryptosporidium acid-fast stain
- Fecal flotation (double sugar centrifugation)
- Giardia (ZnSO4 double centrifugation)
- Microfilaria (Knott's)
- Parasite identification (Ecto/Endo parasites)
- Fecal egg count

IMMUNOLOGY/SEROLOGY

- Antinuclear antibody (ANA)
- Brucella canis IFA
- Johne's ELISA (Bovine, Caprine, Ovine)
- Mycoplasma hyopneumoniae ELISA (Porcine)
- Neospora ELISA (Bovine)
- Neospora IFA (Canine)
- Toxoplasma (IFA)
 - IgM Screen
 - IgG Screen
 - IgG Titer

HEARTWORM TESTS

- Canine Snap@4DX + heartworm panel (includes: E. canis, Lyme disease, A. phagocytophilum, A. platys and Dirofilaria immitis) (performed by CP)
- Feline heartworm Ab (performed by CP)

AUTHORIZED SIGNATURE (OPTIONAL) _____

REC'D BY (INITIALS) _____

VIROLOGY

ACCESSION # _____ Place sticker here _____

<p>EM NEGATIVE STAINING (FS-MRL) <input type="checkbox"/> feces <input type="checkbox"/> tissue</p> <p>ROTAVIRUS ANTIGEN ASSAY <input type="checkbox"/> feces <input type="checkbox"/> intestine</p> <p>VIRUS ISOLATION <input type="checkbox"/> Virus suspected _____</p> <p style="text-align: center;">Avian</p> <p>MOLECULAR <input type="checkbox"/> APMV (New Castle Disease) (rRT-PCR) <input type="checkbox"/> Matrix (rRT-PCR) (all APMV types) <input type="checkbox"/> vNDV (rRT-PCR) (virulent APMV) <input type="checkbox"/> Influenza A virus (rRT-PCR)</p> <p style="text-align: center;">Canine</p> <p>MOLECULAR <input type="checkbox"/> Influenza A virus (rRT-PCR)</p> <p>FLUORESCENT ANTIBODY (FA) <input type="checkbox"/> Canine adenovirus types 1 & 2 <input type="checkbox"/> Canine coronavirus <input type="checkbox"/> Canine distemper virus <input type="checkbox"/> Canine herpesvirus <input type="checkbox"/> Canine parainfluenza virus type 2 <input type="checkbox"/> Canine parvovirus</p> <p style="text-align: center;">Equine</p> <p>SEROLOGY <input type="checkbox"/> Equine herpesvirus 1 & 4 (SN) <input type="checkbox"/> Equine infectious anemia virus (ELISA) (<i>Only Federal or Illinois Form Required</i>) <input type="checkbox"/> Equine arteritis virus (SN)</p> <p>MOLECULAR <input type="checkbox"/> Equine respiratory viruses <input type="checkbox"/> Panel - all four below (does not include EHV1 Pathotyping) <input type="checkbox"/> Influenza A Virus (rRT-PCR) <input type="checkbox"/> EHV4 (rPCR) <input type="checkbox"/> EAV (rRT-PCR) <input type="checkbox"/> EHV1 (rPCR) <input type="checkbox"/> EHV1 Typing (wild type vs EHM virulent) (rPCR)</p> <p>FLUORESCENT ANTIBODY (FA) <input type="checkbox"/> Equine adenovirus <input type="checkbox"/> Equine herpesvirus type 1 & 4</p> <p style="text-align: center;">Feline</p> <p>SEROLOGY <input type="checkbox"/> Feline calicivirus (SN) <input type="checkbox"/> Feline herpesvirus (SN) <input type="checkbox"/> Feline immunodeficiency virus (FIV) (ELISA-Ab)</p>	<p style="text-align: center;">Feline (continued)</p> <p>SEROLOGY (CONTINUED) <input type="checkbox"/> Feline infectious peritonitis virus (FIP) (IFA) <input type="checkbox"/> Antibody SCREEN (1:6400) <input type="checkbox"/> Antibody TITER (1:400 to 1:6400) <input type="checkbox"/> Feline leukemia virus (FLV) (ELISA-Ag) <input type="checkbox"/> Feline Profile I (FIP scrn, FeLV, FIV, Toxo) <input type="checkbox"/> Feline Profile II (FIP screen, FeLV)</p> <p>FLUORESCENT ANTIBODY (FA) <input type="checkbox"/> Feline herpesvirus <input type="checkbox"/> Feline infectious peritonitis virus (FIPV,FCoV) <input type="checkbox"/> Feline panleukopenia virus (FPV, parvovirus)</p> <p style="text-align: center;">Porcine</p> <p>SEROLOGY <input type="checkbox"/> Encephalomyocarditis virus (EMCV) (SN) <input type="checkbox"/> PRRS antibody screen (ELISA) IFA if ELISA positive <input type="checkbox"/> PRRSV antibody screen, US strain <input type="checkbox"/> PRRSV antibody screen, EU strain <input type="checkbox"/> PRRSV antibody titer, US strain <input type="checkbox"/> PRRSV antibody titer, EU strain <input type="checkbox"/> Porcine transmissible gastroenteritis virus (TGE) (SN)</p> <p>MOLECULAR <input type="checkbox"/> Influenza A virus (rRT-PCR) <input type="checkbox"/> Porcine circovirus type 2 (rPCR) <input type="checkbox"/> PRRSV (rRT-PCR multiplex - differentiates NA vs. EU) <input type="checkbox"/> oral fluids (OF) <input type="checkbox"/> serum, individual samples <input type="checkbox"/> serum, pooled samples <input type="checkbox"/> groups of _____ <input type="checkbox"/> tissue, individual samples <input type="checkbox"/> tissue, pooled samples <input type="checkbox"/> groups of _____ <input type="checkbox"/> SECD Panel (All three below) (rRT-PCR) <input type="checkbox"/> PDCoV (rRT-PCR) <input type="checkbox"/> PEDV (rRT-PCR) <input type="checkbox"/> TGEV (rRT-PCR)</p> <p>SEQUENCING <input type="checkbox"/> PRRSV ORF5 with alignment <input type="checkbox"/> PRRSV ORF5 sequence alignment from case to previous case(s) #: _____</p> <p>FLUORESCENT ANTIBODY (FA) <input type="checkbox"/> Porcine adenovirus <input type="checkbox"/> Porcine circovirus (PCV2) <input type="checkbox"/> Porcine hemagglutinating encephalomyelitis <input type="checkbox"/> Porcine parvovirus <input type="checkbox"/> Porcine rotavirus Porcine coronavirus <input type="checkbox"/> PRCV <input type="checkbox"/> TGEV</p>	<p style="text-align: center;">Porcine (continued)</p> <p>FLUORESCENT ANTIBODY (FA) (CONTINUED) <input type="checkbox"/> Pseudorabies virus (PrV) <input type="checkbox"/> Swine influenza virus (SIV)</p> <p style="text-align: center;">Ruminant</p> <p>SEROLOGY <input type="checkbox"/> Bluetongue virus (ELISA) <input type="checkbox"/> Bovine herpesvirus type 1 (IBR) (SN) <input type="checkbox"/> Screen [1:4 to 1:256] <input type="checkbox"/> Endpoint titer [1:4 to 1:65,536] <input type="checkbox"/> Bovine leukosis virus (ELISA) <input type="checkbox"/> Bovine parainfluenza virus (PI₃) (SN) <input type="checkbox"/> Bovine viral diarrhea virus (BVD) Type 1 (SN): <input type="checkbox"/> Screen [1:4 to 1:256] <input type="checkbox"/> Endpoint titer [1:4 to 1:65,536] Type 2 (SN): <input type="checkbox"/> Screen [1:4 to 1:256] <input type="checkbox"/> Endpoint titer [1:4 to 1:65,536] <input type="checkbox"/> Bovine viral diarrhea virus PI screen (VI-ICC) <input type="checkbox"/> Caprine arthritis encephalitis virus (ELISA) <input type="checkbox"/> Epizootic hemorrhagic disease virus (AGID) <input type="checkbox"/> Ovine progressive pneumonia virus (ELISA)</p> <p>MOLECULAR <input type="checkbox"/> Bluetongue virus/EHDV (rRT-PCR multiplex) <input type="checkbox"/> Bovine coronavirus (rRt-PCR) <input type="checkbox"/> Bovine viral diarrhea virus type 1 & 2 (rRT-PCR multiplex - differentiates) <input type="checkbox"/> whole blood - acute <input type="checkbox"/> whole blood - PI (≤ 3 months of age) <input type="checkbox"/> serum - PI (> 3 months of age) <input type="checkbox"/> tissue <input type="checkbox"/> Bovine Respiratory Disease Panel (All three below) (BRD) <input type="checkbox"/> IBR <input type="checkbox"/> PI3 <input type="checkbox"/> BRSV</p> <p>FLUORESCENT ANTIBODY (FA) <input type="checkbox"/> Bluetongue virus <input type="checkbox"/> Bovine adenovirus Specify type: <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> Bovine coronavirus <input type="checkbox"/> Bovine herpesvirus type 1 (IBR) <input type="checkbox"/> Bovine herpesvirus type 2 <input type="checkbox"/> Bovine herpesvirus type 4 <input type="checkbox"/> Bovine papular stomatitis virus <input type="checkbox"/> Bovine parainfluenza virus type 3 <input type="checkbox"/> Bovine parvovirus <input type="checkbox"/> Bovine pseudocowpox virus <input type="checkbox"/> Bovine reovirus <input type="checkbox"/> Bovine respiratory syncytial virus <input type="checkbox"/> Bovine rotavirus <input type="checkbox"/> Bovine viral diarrhea virus types 1 & 2 <input type="checkbox"/> Epizootic hemorrhagic disease virus <input type="checkbox"/> Orf/Ovine (contagious pustular dermatitis)</p>
<p>HISTORY OR ADDITIONAL INFORMATION (INCLUDE ANTIMICROBIAL THERAPY):</p> 		<p>OTHER TESTS:</p>

HISTORY OR ADDITIONAL INFORMATION (INCLUDE ANTIMICROBIAL THERAPY):

OTHER TESTS:

TOTAL NUMBER OF SAMPLES				MULTIPLE SPECIMEN IDENTIFICATION				Attach Additional Sheets as Necessary			
No.	Specimen (Type, Tissue and ID)	Sex	Age	No.	Specimen (Type, Tissue and ID)	Sex	Age	No.	Specimen (Type, Tissue and ID)	Sex	Age
1				11							
2				12							
3				13							
4				14							
5				15							
6				16							
7				17							
8				18							
9				19							
10				20							