

OTHER SPECIES DIAGNOSTIC REQUEST FORM



Submission Date: _____

AUTHORIZING VETERINARIAN INFORMATION

Veterinarian: _____
Clinic Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
Email: _____

PRODUCER INFORMATION

Producer: _____
Operation Name: _____
Site Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
Email: _____

PREFERRED REPORTING METHOD

Phone
 Fax
 Email

SPECIES TYPE

Goat
 Sheep
 Other (specify): _____

PRIOR VACCINATION & TREATMENTS (Product name, date given, and dose)

1 _____
2 _____
3 _____

4 _____
5 _____
6 _____

Was the animal(s) vaccinated within the past 10 days? YES NO

ANIMAL DESCRIPTION

Kind, Quality, Origin, # Head:

Age, Gender & Weight:

Symptoms & Appearance:

Tentative Diagnosis:

SAMPLE INFORMATION

Sample Collection Date: _____

TISSUE SAMPLE TYPE & QUANTITY

Brain: _____ # _____
Lung: _____ # _____
Heart: _____ # _____
Liver: _____ # _____
Kidney: _____ # _____
Other: _____ # _____

Lymph Node: _____ # _____
Intestine: _____ # _____
Colon: _____ # _____
Tonsil: _____ # _____
Fetus: _____ # _____

SERVICES REQUESTED

Bacteria Detection, Isolation & Identification
 Virus Detection, Isolation & Identification
 Antibiotic Sensitivity Testing
 Isolate Preservation & Storage for use in Autogenous Vaccine Production

IMPORTANT SHIPPING INSTRUCTIONS!

SHIPMENTS: All samples must be sent FEDEX or UPS PRIORITY OVERNIGHT DELIVERY. Ship samples Monday - Thursday only (if you must ship on Friday for Saturday delivery please call prior to shipping). Priority mail is not adequate for shipping samples.

SAMPLE HANDLING: Tissue samples must be double bagged in Ziploc-type bags to prevent leakage. Tissue samples should be pre-chilled in a refrigerator (5°C, not frozen) and shipped with frozen ice packs in an insulated container.