

CATTLE DIAGNOSTIC REQUEST FORM



Submission Date: _____

AUTHORIZING VETERINARIAN INFORMATION

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

PREFERRED REPORTING METHOD

____ Phone
____ Fax
____ Email

PRIOR VACCINATION & TREATMENTS

(Product name, date given, and dose)

1 _____
2 _____
3 _____

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

PRODUCER INFORMATION

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

OPERATION TYPE

____ Cow/Calf
____ Non-Confined Stocker
____ Semi-Confined Backgrounding/Grow Yard
____ Feedlot
____ Calf Ranch
____ Other (specify): _____

4 _____
5 _____
6 _____

If so, was a Modified Live Virus (MLV) vaccine given?
____ YES ____ NO

CATTLE DESCRIPTION:

Kind, Quality, Origin, # Head:

Age, Gender & Weight:

Symptoms & Appearance:

Tentative Diagnosis:

SAMPLE INFORMATION:

Sample Collection Date: _____

____ Number of Samples*

*If you are submitting multiple blood samples or swabs, complete page 2.

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
____ BVD-PI ELISA Testing
____ Bovine Pregnancy 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. Please 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.

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Sample ID #	Animal ID/Ear Tag	Lot and/or Pen Number	Notes
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

NOTE: Consecutively numbering samples (e.g. 1, 2, 3,...) greatly enhances receiving and processing efficiencies within the laboratory.