

Veterinary Diagnostic Laboratory
 1937 Christensen Dr | Ames, IA 50011-1100
 515-294-1950 | Fax 515-294-6961 | www.vetmed.iastate.edu/vdl

VETERINARIAN _____
 Clinic _____
 Address _____
 City, State & Zip _____
 Phone _____ Fax _____
 Email _____

Accreditation # (if regulatory) _____

If Owner Name and Address are same as Animal Location (include info under Site Name)

OWNER _____
 Address _____
 City, State & Zip _____

Third-Party Billing (pre-approved)	Affiliates (list clinic names or codes)

Special Reporting Requests

Fax _____
 Email _____

SPECIES: (Required) _____ **Breed:** _____

Laboratory Use Only Case No. _____
Inventory

ANIMAL LOCATION: Premises, Herd and Submission-Level Identifiers

SITE NAME _____
 Address _____
 City, State & Zip _____
 County _____ Country _____

Premises ID# (attach premises ID bar code sticker if available)

Lot or Group ID _____
 Source or Flow ID _____
 Reference (Other) _____

Vaccine Usage

Vaccine Name	Date Given	Dose

Premises Type (Best Description)

AI or ET Center
 Dairy (Milk Production)
 Dairy (Growing or Replacement Stock)
 Other _____

Reason for Test

General Diagnostics
 Surveillance
 Research
 Other _____
(Specify reason for testing if for official regulatory purposes)

Export to: _____
 Ship date: _____

BACTERIAL CULTURE Culture/ID Sensitivity Save Isolate

Standard Plate Count Raw Milk Bacterial Count Basic Milk with Myco Coliform Count Bulk Tank Culture

Test Sample #'s _____
 Specific organisms/tests _____

Additional Information or Test Requests:

VETERINARIAN _____

SITE NAME _____

SAMPLES

Consecutively numbering samples (e.g. 1, 2, 3, 4, ...) greatly enhances receiving, accessioning, and sample processing efficiencies within the laboratory.

Collection Date _____ No. of Samples _____

SAMPLE TYPE	<input type="checkbox"/> Teat swab	<input type="checkbox"/> Milk	<input type="checkbox"/> Raw Milk	<input type="checkbox"/> Colostrum	<input type="checkbox"/> Environmental	<input type="checkbox"/> Bulk Tank	<input type="checkbox"/> Bedding
CONSECUTIVE SAMPLE ID#'S	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____

Sample ID #	Animal ID	Age (check unit)			Location (Other)	Parity Gender (#)
		<input type="checkbox"/> d	<input type="checkbox"/> wk	<input type="checkbox"/> mo		
1		<input type="checkbox"/> yr	<input type="checkbox"/> adult	<input type="checkbox"/> NA		
2						
3						
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Sample ID #	Animal ID	Age (check unit)			Location (Other)	Parity Gender (#)
		<input type="checkbox"/> d	<input type="checkbox"/> wk	<input type="checkbox"/> mo		
31		<input type="checkbox"/> yr	<input type="checkbox"/> adult	<input type="checkbox"/> NA		
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