



CLIENT INFORMATION

LADDL Account # _____
Veterinarian: _____
Clinic Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **Fax:** _____
Email: _____
 Web access for results is available to web portal clients.

Owner: _____
Farm: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____
Email: _____
Submission of specimens by your veterinarian is recommended.
Payment is due upon submission. Clinic billing requires consent.

Billing: Veterinarian Clinic Owner
Report to: Veterinarian Clinic Owner
Method: Email Fax Mail (\$3 fee)

Submitter (required): _____
For additional reporting, please include recipient fax or email here:

ANIMAL INFORMATION (Sex = M, F, MC, FS)

NO.	NAME/IDENTIFIER	*PATIENT ZIP CODE*	SPECIES/BREED	SEX	AGE/DOB	PRIOR DL# (if applicable)
1						
2						
3						
4						
5						

HISTORY (Please include clinical signs, vaccinations, treatments, nutrition, duration, previous submissions for animal(s) above.)

No. of animals in this submission: _____ No. of dead animals: _____ Date of death: _____ Euthanized: Yes _____ No _____

SPECIMENS SUBMITTED *How were tissues preserved?* Fresh Fixed Frozen

Whole Body Spleen Whole Blood/EDTA Water
 Fetus/Placenta Kidney Serum Trans Tracheal Wash
 Head Heart Plasma Smear (specify): _____
 Brain Lymph Feces Other: _____
 Lung Stomach Contents Urine
 Liver Aqueous/Ocular Fluid Ear **Date Collected:** _____

LAB USE ONLY

FedEx USPS Good Cold Pack **ACCESSIONED BY:** _____
 UPS Drop Off Broken | Frozen **Comments:** _____
 Courier NOLA Courier Leaked | Thawed **Routed:** BAC CP MD(TRICH) PAR SER TOX VIR

All samples and specimens submitted for testing become the property of LSU Diagnostics and WILL NOT leave the laboratory unless specific arrangements are made and approved by management. Privileged information regarding patients and clients will not be released without the owner's consent, unless required by law. All samples and accompanying documentation may be tested as part of a state or federal program, utilized for research and educational purposes, and/or development of new assays.

Alternate forms are required for Endocrinology, Biopsy, Equine Piroplasmosis, Equine Infectious Anemia, and Necropsy.

BACTERIOLOGY

SAMPLE SOURCE (Required): _____

If **urine**, please specify:

Cath Voided Cysto

- Acid Fast Stain
- Aerobic Culture Susceptibility
- Anaerobic Culture
- Campylobacter Culture
- Dermatophyte (DTM) Culture
- Fungal Culture
- Gram Stain
- Mycobacterial Culture
- Mycoplasma Culture

Salmonella Culture

Susceptibility Other: _____

CLINICAL PATHOLOGY

- Bile Acids Fasting Postprandial
- Bone Marrow Biopsy Evaluation
- Bone Marrow Cytology
- CBC
 - Mammalian Non-Mammalian
- Chemistry Panel
- Lg. Animal Sm. Animal Non-Mammal
- Cytology Fluid Analysis
- Urinalysis
- Urine Protein/Creatinine (Sm. Animal)
- Other: _____

TOXICOLOGY

- Anticoagulant Screen
- Aluminum Arsenic
- Bromide Cadmium
- Chromium Cobalt
- Copper Iron
- Lead Selenium
- Zinc
- Nitrate, Screen
- Fly Test/insecticides
- Phenobarbital Single Sample
- Other: _____

MOLECULAR DIAGNOSTICS (PCR)

- Anaplasma marginale platys
- Bartonella henselae
- Bluetongue Virus (BTV)
- Bovine Leukemia Virus (BLV)
- Bovine Respiratory Syncytial Virus (BRSV)
- Bovine Viral Diarrhea Virus (BVDV)
- Canine Herpesvirus (CHV)
- Canine Distemper (CDV)
- Canine Respiratory Disease Panel
- Chlamydia psittaci
- Eastern Equine Encephalitis (EEE)
- Ehrlichia canis
- Equine Respiratory Disease Panel I
- Epizootic hemorrhagic disease virus (EHD)
- Feline Respiratory Disease Panel
- Herpesvirus EHV-1 EHV-4 FHV
- Infectious Bovine Rhinotracheitis (IBR)/Bovine Herpesvirus-1 (BHV-1)
- Infectious laryngotracheitis virus (ILTV)
- Influenza A (Avian Influenza Matrix)
- Leptospira interrogans serovars (pathogenic)
- Mycoplasma
 - gall. synoviae bovis
- Rhodococcus equi
- Streptococcus equi equi (Strangles)
- Tritrichomonas foetus
 - Red top-refrigerated smegma in PBS
 - Incubated-frozen pouch/transit tube
 - Non-incubated-ambient pouch/transit tube
- West Nile Virus (WNV)
- Other: _____

VIROLOGY

Rabies Fluorescent Antibody (FA)

Other Requests:

Test Code	Test Name

PARASITOLOGY

- Baermann
 - Cryptosporidium (ELISA)
 - Cryptosporidium Screen
 - Fecal Occult Blood
 - Fecal Sedimentation
 - Fecal Wet Mount (Direct Smear)
 - Giardia Antigen ELISA
 - Giardia Screen (Flotation, Wet Mount, Antigen ELISA)
 - Heartworm Antigen ELISA (Canine Only)
 - Heartworm Antigen ELISA Heat Treatment (Canine Only)
 - Heartworm Panel (Knott's and Antigen ELISA)
 - McMaster (Modified) Fecal Egg Count
 - Modified Knott's
 - Qualitative Fecal Flotation (Small An.)
 - Quantitative Fecal Flotation (Large An.)
 - Saline Sedimentation (Heterobilharzia sp.)
 - Tritrichomonas foetus Culture, BOVINE
- Other: _____

SEROLOGY

- Antinuclear Antibody IFA
- Babesia canis IFA
- Borrelia burgdorferi (IFA)- Lyme Dis.
- Brucella abortus (RB agglutination)
- Brucella canis (IFA)
- Canine Anemia Panel
- Canine Distemper Virus IgG (IFA)
- Canine Fever of Unknown Origin Antibody Profile
- Canine Lameness Antibody Panel
- Canine Lameness Panel w/ Coombs
- Canine Parvovirus Antibody IgG (IFA)
- Canine Tick-Borne Disease Panel
- Clostridioides difficile Toxin (ELISA)
- Clostridium perfringens Enterotoxaemia (ELISA)
- Direct Coombs (EDTA) K9 Fel Eq
- Ehrlichia canis IgG (IFA)
- Feline Infectious Peritonitis-FIP (IFA)
- Leptospira Antibodies 6 MAT
- Rickettsia rickettsii, Rocky Mountain Spotted Fever IgG (IFA)
- Toxoplasma gondii IgG (IFA)
- WNV and EEE IgM ELISA Panel
- Other: _____