

MPIV CLEAR SUBMISSION

STAT

(may incur additional charges)

Previous Case # _____



VETERINARY DIAGNOSTIC LABORATORY

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CLEAR ALL

| |
|---|
| 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 <input type="checkbox"/> FAX <input type="checkbox"/> EMAIL CLINIC <input type="checkbox"/> EMAIL VET <input type="checkbox"/> ONLINE/APP |
| COPY RESULTS <input type="checkbox"/> VTH <input type="checkbox"/> OTHER (NAME WITH FAX OR EMAIL BELOW) |
| SEND <input type="checkbox"/> SUBMISSION FORMS <input type="checkbox"/> 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

| | | |
|--|---|---|
| <p>MICROBIOLOGY</p> <p><u>CULTURES</u></p> <p><input type="checkbox"/> Aerobic culture Urine collection method _____</p> <p><input type="checkbox"/> Anaerobic culture</p> <p><input type="checkbox"/> Mycology (fungal) culture</p> <p><u>SPECIAL CULTURES</u></p> <p><input type="checkbox"/> Brucella culture</p> <p><input type="checkbox"/> Campylobacter culture</p> <p><input type="checkbox"/> Environmental culture</p> <p>Listeria – See "Listeria PCR"</p> <p><input type="checkbox"/> Mycobacterium culture (rapid growing)</p> <p>Mycoplasma – See "Mycoplasma PCR"</p> <p><input type="checkbox"/> Mastitis evaluation/culture</p> <p><input type="checkbox"/> Milk bulk tank culture (qualitative & quantitative)</p> <p>Salmonella- See "Salmonella PCR"</p> <p><input type="checkbox"/> Shigella culture</p> <p><input type="checkbox"/> Yersinia culture</p> <p><input type="checkbox"/> MALDI-TOF Bacterial/fungal ID (on isolate)</p> <p><input type="checkbox"/> Rapid urea – Helicobacter screen</p> <p><input type="checkbox"/> Isolate banking and/or transport</p> <p><u>SUSCEPTIBILITY TESTING</u></p> <p><input type="checkbox"/> Aerobic isolates <input type="checkbox"/> at lab's discretion <input type="checkbox"/> only 1 susceptibility <input type="checkbox"/> up to 2 susc <input type="checkbox"/> up to 4 susc</p> <p><input type="checkbox"/> Anaerobic isolates</p> <p><input type="checkbox"/> Mastitis isolates</p> <p><input type="checkbox"/> Extended G+/G- panels</p> <p><input type="checkbox"/> Mycobacterium/Nocardia panel</p> <p><input type="checkbox"/> Ophthalmic KB Panel (Topical)</p> <p><input type="checkbox"/> Fungal/Yeast MIC panel (9 drugs)</p> <p><input type="checkbox"/> MIC gradient strip (specify drug): _____</p> <p><input type="checkbox"/> Disk diffusion susceptibility (specify drug): _____</p> <p><input type="checkbox"/> PBP2 screen for MRS</p> <p><u>Recent Drug Therapy</u></p> | <p>MOLECULAR/MICRO</p> <p><input type="checkbox"/> 16S-23S rRNA (bacterial sequence id)</p> <p><input type="checkbox"/> 5S -18S rRNA (mycology sequence id)</p> <p><input type="checkbox"/> Blastomyces dermatitidis PCR</p> <p><input type="checkbox"/> Brachyspira PCR <input type="checkbox"/> Brucella PCR</p> <p><input type="checkbox"/> Clostridium difficile toxin ELISA</p> <p><input type="checkbox"/> Clostridium FA Blackleg</p> <p><input type="checkbox"/> Clostridium perfringens toxin typing PCR</p> <p><input type="checkbox"/> Coxiella burnetti rPCR</p> <p><input type="checkbox"/> E. coli virulence PCR (adhesins & toxins)</p> <p><input type="checkbox"/> Francisella tularensis PCR</p> <p><input type="checkbox"/> Lawsonia rPCR</p> <p><input type="checkbox"/> Leptospira urine/tissue rPCR ONLY</p> <p><input type="checkbox"/> Leptospira Panel (incl PCR & Titer Profile)</p> <p><input type="checkbox"/> Leptospira Serum Titer Profile ONLY (includes autumnalis, bratislava, canicola, grippityphosa, hardjo, ictero-haemorrhagiae, pomona)</p> <p><input type="checkbox"/> Listeria monocytogenes PCR</p> <p><input type="checkbox"/> Mycobacterial PCR (slow growing)</p> <p><input type="checkbox"/> M. Paratuberculosis PCR [Johne's]</p> <p><input type="checkbox"/> Mycoplasma PCR [hematogenous] (by host species)</p> <p><input type="checkbox"/> Mycoplasma PCR - respiratory, joint, milk</p> <p><input type="checkbox"/> Mycoplasma speciation (16S sequencing)</p> <p><input type="checkbox"/> Mycoplasma synovium and Mycoplasma galisepticum rPCR</p> <p>Ophidiomyces PCR – See WLE submission form</p> <p>P. destructans (White Nose) PCR – See WLE submission form</p> <p><input type="checkbox"/> Potomac Horse fever PCR</p> <p><input type="checkbox"/> Salmonella enteritidis rPCR</p> <p><input type="checkbox"/> Salmonella PCR (positive includes culture/ isolation)</p> <p><input type="checkbox"/> Strep equi M-protein PCR (includes culture)</p> <p><input type="checkbox"/> Strep equi typing – szp and semsequencing</p> <p><input type="checkbox"/> Tick borne Pathogen PCR Panel- (Includes all tests below) Or select one or more</p> <p><input type="checkbox"/> Anaplasma PCR</p> <p><input type="checkbox"/> Babesia PCR</p> <p><input type="checkbox"/> Bartonella PCR</p> <p><input type="checkbox"/> Borrelia PCR</p> <p><input type="checkbox"/> Ehrlichia PCR</p> <p><input type="checkbox"/> Rickettsia PCR</p> | <p>STAIN/MICROSCOPIC EXAMINATION</p> <p><input type="checkbox"/> Acid fast stain (Mycobacteria, Nocardia)</p> <p><input type="checkbox"/> Gram stain examination</p> <p><input type="checkbox"/> Lacto phenol cotton blue (fungal stain)</p> <p><input type="checkbox"/> VB4R (spirochetes)</p> <p>PARASITOLOGY</p> <p><input type="checkbox"/> Baermann technique</p> <p><input type="checkbox"/> Cryptosporidium acid-fast stain</p> <p><input type="checkbox"/> Fecal egg count</p> <p><input type="checkbox"/> Fecal flotation (double sugar centrifugation)</p> <p><input type="checkbox"/> Giardia (ZnSO4 double centrifugation)</p> <p><input type="checkbox"/> Neospora caninum LAMP</p> <p><input type="checkbox"/> Microfilaria (Knott's)</p> <p><input type="checkbox"/> Parasite identification (Referral Lab Only)</p> <p><input type="checkbox"/> Toxoplasma gondii LAMP</p> <p><input type="checkbox"/> Tritrichomonas foetus qPCR</p> <p>IMMUNOLOGY/SEROLOGY</p> <p><input type="checkbox"/> Anaplasma ELISA</p> <p><input type="checkbox"/> Brucella canis IFA</p> <p><input type="checkbox"/> Brucella BAPA</p> <p><input type="checkbox"/> Brucella CARD</p> <p><input type="checkbox"/> Johne's ELISA (Bovine, Caprine, Ovine)</p> <p><input type="checkbox"/> Mycoplasma hyopneumoniae ELISA (Porcine)</p> <p><input type="checkbox"/> Neospora ELISA (Bovine)</p> <p><input type="checkbox"/> Neospora IFA (Canine)</p> <p><input type="checkbox"/> Toxoplasma (IFA)</p> <p><input type="checkbox"/> IgM Screen</p> <p><input type="checkbox"/> IgG Screen</p> <p><input type="checkbox"/> IgG Titer</p> |
|--|---|---|

AUTHORIZED SIGNATURE (OPTIONAL) _____

REC'D BY (INITIALS) _____

VIROLOGY

ACCESSION # _____ Place sticker here _____

| | | |
|---|--|---|
| <p>EM NEGATIVE STAINING (MRL)</p> <p><input type="checkbox"/> feces <input type="checkbox"/> tissue</p> <p>ROTAVIRUS ANTIGEN ASSAY</p> <p><input type="checkbox"/> feces <input type="checkbox"/> intestine</p> <p>VIRUS ISOLATION</p> <p><input type="checkbox"/> Virus suspected _____</p> <p style="text-align: center;">Avian</p> <p>MOLECULAR</p> <p><input type="checkbox"/> APMV (New Castle Disease rRT-pCR)</p> <p><input type="checkbox"/> Matrix (all APMV types)</p> <p><input type="checkbox"/> vNDV (virulent APMV)</p> <p><input type="checkbox"/> Influenza A virus (rRT-PCR)</p> <p><input type="checkbox"/> Infectious laryngotracheitis virus (ILT) (rPCR)</p> <p><input type="checkbox"/> West Nile Virus (rRT-pCR)</p> <p style="text-align: center;">Canine</p> <p>SEROLOGY</p> <p><input type="checkbox"/> Canine distemper SN</p> <p><input type="checkbox"/> Canine parvo HI</p> <p>MOLECULAR</p> <p><input type="checkbox"/> Canine adenovirus (types 1 & 2) (rPCR)</p> <p><input type="checkbox"/> Canine distemper virus (CDV) (rRT-PCR)</p> <p><input type="checkbox"/> Canine herpesvirus 1 (rPCR)</p> <p><input type="checkbox"/> Canine parvovirus (rPCR)</p> <p><input type="checkbox"/> Influenza A virus (rRT-PCR)</p> <p>FLUORESCENT ANTIBODY (FA)</p> <p><input type="checkbox"/> Canine coronavirus</p> <p><input type="checkbox"/> Canine parainfluenza virus type 2</p> <p style="text-align: center;">Equine</p> <p>SEROLOGY</p> <p><input type="checkbox"/> Equine herpesvirus 1 & 4 (SN)</p> <p><input type="checkbox"/> Equine infectious anemia virus (ELISA) (<i>Only Federal form Required</i>)</p> <p><input type="checkbox"/> Equine arteritis virus (SN)</p> <p>MOLECULAR</p> <p><input type="checkbox"/> Equine arteritis virus(EVA)(rRT-PCR)</p> <p><input type="checkbox"/> Equine herpesvirus 1 (EHV1) (rPCR)</p> <p><input type="checkbox"/> Equine herpesvirus 4 (EHV4) (rPCR)</p> <p><input type="checkbox"/> Equine Respiratory Panel (includes EVA, EHV1, EHV4, & Influenza A)</p> <p><input type="checkbox"/> Influenza A virus (rRT-PCR)</p> <p><input type="checkbox"/> West Nile Virus (rRT-pCR)</p> <p>FLUORESCENT ANTIBODY (FA)</p> <p><input type="checkbox"/> Equine adenovirus</p> | <p style="text-align: center;">Feline</p> <p>SEROLOGY</p> <p><input type="checkbox"/> Feline immunodeficiency virus (FIV) (ELISA-Ab)</p> <p><input type="checkbox"/> Feline infectious peritonitis virus (FIP) (IFA)</p> <p><input type="checkbox"/> Antibody SCREEN (1:6400)</p> <p><input type="checkbox"/> Antibody TITER (1:400 to 1:6400)</p> <p><input type="checkbox"/> Feline leukemia virus (FLV) (ELISA-Ag)</p> <p><input type="checkbox"/> Feline Profile I (FIP scrn, FeLV, FIV, Toxo)</p> <p><input type="checkbox"/> Feline Profile II (FIP screen, FeLV)</p> <p>MOLECULAR</p> <p><input type="checkbox"/> Feline calicivirus (rRT-pCR)</p> <p><input type="checkbox"/> Feline coronavirus (rRT-pCR)</p> <p><input type="checkbox"/> Feline herpesvirus 1 (rPCR)</p> <p><input type="checkbox"/> Feline panleukopenia virus (rPCR)</p> <p style="text-align: center;">Porcine</p> <p>SEROLOGY</p> <p><input type="checkbox"/> PRRS antibody screen (ELISA)</p> <p>IFA if ELISA positive</p> <p><input type="checkbox"/> PRRSV antibody screen, US strain</p> <p><input type="checkbox"/> PRRSV antibody screen, EU strain</p> <p><input type="checkbox"/> PRRSV antibody titer, US strain</p> <p><input type="checkbox"/> PRRSV antibody titer, EU strain</p> <p><input type="checkbox"/> Porcine pseudorabies ELISA (gB & g1)</p> <p>MOLECULAR</p> <p><input type="checkbox"/> Influenza A virus (rRT-PCR)</p> <p><input type="checkbox"/> Porcine circovirus type 2 & 3 (rPCR)</p> <p><input type="checkbox"/> Porcine Respiratory Reproductive Syndrome Virus (PRRSV ORF5)</p> <p><small>(differentiates North American European – Multiplex PRRSV-rRT-PCR)</small></p> <p><input type="checkbox"/> oral fluids (OF)</p> <p><input type="checkbox"/> serum, individual samples</p> <p><input type="checkbox"/> serum, pooled samples</p> <p><input type="checkbox"/> groups of _____ (up to 5)</p> <p><input type="checkbox"/> tissue, individual samples</p> <p><input type="checkbox"/> tissue, pooled samples</p> <p><input type="checkbox"/> groups of _____ (up to 5)</p> <p><input type="checkbox"/> Porcine sapelovirus (rRT-PCR)</p> <p><input type="checkbox"/> SECD Panel (Includes PDCoV, PEDV, TGEV) (rRT-PCR)</p> <p><input type="checkbox"/> Seneca Valley Virus (SVA) (rRT-PCR)</p> <p><input type="checkbox"/> Swine Enteric Coronavirus Disease Panel (includes PDCoV, PEDV & TGEV) (rRT-PCR)</p> <p>SEQUENCING</p> <p><input type="checkbox"/> PRRSV ORF5 with standard strains</p> <p><input type="checkbox"/> PRRSV ORF5 sequence alignment from case to previous case(s)#: _____</p> | <p style="text-align: center;">Porcine (continued)</p> <p>FLUORESCENT ANTIBODY (FA)</p> <p><input type="checkbox"/> Porcine adenovirus</p> <p><input type="checkbox"/> Porcine hemagglutinating encephalomyelitis</p> <p><input type="checkbox"/> Porcine parvovirus</p> <p><input type="checkbox"/> Pseudorabies virus (PrV)</p> <p style="text-align: center;">Ruminant</p> <p>SEROLOGY</p> <p><input type="checkbox"/> Bluetongue virus (ELISA)</p> <p><input type="checkbox"/> Bovine herpesvirus type 1 (IBR) (SN)</p> <p><input type="checkbox"/> Screen [1:4 to 1:256]</p> <p><input type="checkbox"/> Endpoint titer [1:4 to 1:65,536]</p> <p><input type="checkbox"/> Bovine leukosis virus (ELISA)</p> <p><input type="checkbox"/> Bovine viral diarrhea virus (BVD) Type 1 (SN):</p> <p><input type="checkbox"/> Screen [1:4 to 1:256]</p> <p><input type="checkbox"/> Endpoint titer [1:4 to 1:65,536]</p> <p>Type 2 (SN):</p> <p><input type="checkbox"/> Screen [1:4 to 1:256]</p> <p><input type="checkbox"/> Endpoint titer [1:4 to 1:65,536]</p> <p><input type="checkbox"/> Caprine arthritis encephalitis virus (ELISA)</p> <p><input type="checkbox"/> Ovine progressive pneumonia virus (ELISA)</p> <p>MOLECULAR</p> <p><input type="checkbox"/> Bluetongue virus/EHDV (rRT-PCR)</p> <p><input type="checkbox"/> Bovine coronavirus (rRT-PCR)</p> <p><input type="checkbox"/> Bovine kobovirus (rRT-PCR)</p> <p><input type="checkbox"/> Bovine viral diarrhea virus type 1 & 2 (rRT-PCR)</p> <p><input type="checkbox"/> whole blood (acute)</p> <p><input type="checkbox"/> whole blood - PI ≤ 3 months of age</p> <p><input type="checkbox"/> serum - PI > 3 months of age</p> <p><input type="checkbox"/> tissue</p> <p><input type="checkbox"/> Bovine Respiratory Disease Panel (includes IBR, PI3, & BRSV) (rRT-pCR)</p> <p>FLUORESCENT ANTIBODY (FA)</p> <p><input type="checkbox"/> Bovine adenovirus Specify type: <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 5</p> <p><input type="checkbox"/> Bovine herpesvirus type 2</p> <p><input type="checkbox"/> Bovine herpesvirus type 4</p> <p><input type="checkbox"/> Bovine papular stomatitis virus</p> <p><input type="checkbox"/> Bovine parvovirus</p> <p><input type="checkbox"/> Bovine pseudocowpox virus</p> <p><input type="checkbox"/> Bovine reovirus</p> <p><input type="checkbox"/> Orf/Ovine (contagious pustular dermatitis)</p> |
| <p>HISTORY OR ADDITIONAL INFORMATION:</p> | | <p>OTHER TESTS:</p> |

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