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Serology, Microbiology and Molecular Diagnostics Submission Form

(Office Use) Date Received by Lab: _____

FedEx UPS US Mail Walk-in

Vet Clinic/Client: _____

Veterinarian: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Email: _____

Owner: _____

Address: _____

City: _____

State: _____ Zip: _____

Email/Phone: _____

Address where animal(s) kept, if different from owner:

Address: _____

City: _____ State: _____ Zip: _____

Date Sample(s) Collected: _____

Reporting Options

(check all that apply)

Email Fax Mail

Lab No.	Animal Name/Identification No.	Species	Breed	Sex	Age	Type of Specimen Submitted	(FOR LAB USE) Results
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Serology

Test(s) Requested:

- Lyme ELISA/IFA Lyme Western Blot Anaplasma IFA
 Lyme ELISA/IFA & Western Blot combination
 Serology Tick Panel (Lyme ELISA/IFA, Western Blot, Anaplasma IFA)
 CAE/OPP AGID BLV AGID Pseudorabies
 Johnes Serology, Other: _____

Microbiology

Test(s) Requested:

- Aerobic culture Anaerobic Culture Salmonella Culture
 Mycoplasma Culture Fungal Culture Antibiotic Sensitivity
 Other: _____

Organism(s) Suspected: _____

Parasitology

Test(s) Requested:

- Fecal Floatation Quantitative fecal egg count Fecal Giardia/Crypto FA

Molecular

Test(s) Requested:

- Anaplasma Real-Time PCR Influenza A Virus Matrix Real-Time PCR Cryptocaryon Real-Time PCR Screen
 Cryptocaryon PCR ID Mycobacteria PCR ID Mycoplasma PCR ID Other _____

Clinical Diagnosis: _____

History: (Including vaccination dates/types, Comments, Previous Testing, Treatments) _____

Have samples been submitted to other laboratories for testing: Yes No

Has this animal received antibiotic treatment: No Yes, Specify _____

(For Lab Use) Lab Comments: _____

Payment received: \$ _____ CC Check