

For Lab Use:

Accession Label

61 North Eagleville Road, Unit 3089, Storrs, CT 06269

860-486-3738 (phone) 860-486-3936 (Fax) cvmdl.office@uconn.edu

Serology, Microbiology and Molecular Diagnostics Submission Form

Review and understand all CVMDL Policies regarding submissions <https://cvmdl.uconn.edu/policy/>

(Office Use) Date Received by Lab: ☐ Vet ☐ Owner ☐ Other _____

☐ FedEx ☐ UPS ☐ US Mail ☐ Walk-in

Vet Clinic / Client: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone(s): _____

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:

All reports are sent via e-mail. *

*Check Junk Folder

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

☐ Borrelia burgdorferi (Bb) ELISA-EQ/K9 [I0004]
☐ Anaplasma phagocytophilum IFA [I0001]
☐ Tick Panel-EQ/K9 (Bb ELISA, Bb WB, Anaplasma IFA) [Ip001]
☐ Small Ruminant Lentivirus (CAE/OPP) [r0019]

☐ Bb IFA [I0002]
☐ Bb Panel-EQ/K9 (ELISA & WB) [Ip003]
☐ Tick Panel (Bb IFA, Bb WB, Anaplasma IFA) [Ip002]
☐ Pseudorabies ELISA [r0012]

☐ Bb Western blot (WB) [I0003]
☐ Bb Panel (IFA & WB) [Ip004]
☐ Other: _____

Microbiology

☐ Aerobic culture [m0001] ☐ Anaerobic culture [m0002] ☐ Salmonella culture [m0006]
☐ Fungal culture [m0008] ☐ Antibiotic Sensitivity ☐ Other: _____

☐ Mycoplasma culture [m0003]
 Organism(s) suspected: _____

Parasitology

☐ Fecal Floatation/Sedimentation [m0004] ☐ Quantitative Fecal [m0010] ☐ Crypto/Giardia FA [m0009]

Molecular

☐ Anaplasma phagocytophilum PCR [p0039] ☐ Borrelia burgdorferi PCR [p0038] ☐ Borrelia miyamotoi PCR [p0040] ☐ Canine Distemper qPCR [p0041]
☐ Chlamydia PCR [p0017] ☐ EEE PCR [p0022] ☐ Herpesvirus PCR [p0025] ☐ Influenza A Virus PCR (non-avian) [p0009]
☐ Iridovirus PCR [p0026] ☐ Leptospira PCR [p0027] ☐ Marek's qPCR [p0042] ☐ Mycobacteria PCR [p0029]
☐ Mycoplasma PCR [p0030] ☐ SARS-CoV-2 (COVID-19) PCR [p0037] ☐ WNV PCR [p0034] ☐ Other: _____

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

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

(For Lab Use) Lab Comments: _____

Payment received: \$ _____ ☐ CC ☐ Check (# _____)