

Oklahoma Animal Disease Diagnostic Laboratory

UPS/FedEx:
1950 W Farm Rd
Stillwater, OK 74078
405-744-6623



US Mail:
PO BOX 7001
Stillwater, OK 74076
oaddl@okstate.edu

| OWNER | | | | CLINIC / DVM | | | |
|--|--------------|---------|-------|---|-----|------------------|-----|
| Premise ID | | County | | Account # | | | |
| Owner(s) | | | | Clinic | | | |
| Address | | | | Veterinarian | | | |
| City | | State | Zip | Address | | | |
| Primary Phone # | | | | City | | State | Zip |
| Email | | | | Primary Phone # | | | |
| Alternate Contact | | | | Email | | | |
| SUBMITTER/BILL PARTY: <input type="checkbox"/> Owner <input type="checkbox"/> Clinic | | | | Date Specimens Collected: _____ | | | |
| REPORT TO: <input type="checkbox"/> Owner <input type="checkbox"/> Clinic | | | | ZOO NOTIC SUSPECT? <input type="checkbox"/> NO <input type="checkbox"/> Yes _____ | | | |
| | Animal ID(s) | Species | Breed | Sex | Age | Specimen Type(s) | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |

Continue on an additional sheet or use our [Multiple Animal Submission Form](#)

| HISTORY/CLINICAL SIGNS | <i>In the space below, provide brief, recent, relevant information to animal's condition</i> |
|------------------------|--|
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|----------------|--|---------------------|--|
| | BIOPSY | LAB USE ONLY | |
| | <input type="checkbox"/> Short Report <input type="checkbox"/> Long Report | | |
| | Location | | |
| | # of Sites/Lesions | | |
| | Size & Shape | | |
| | Duration | | |
| Rate of Growth | | | |

| LAB USE ONLY | | | | | | | | | |
|--|-----|-----------------|-------------------|-----|-------|----------------|--|--|------------------|
| FedEx | UPS | Post Mark _____ | Postage Due _____ | Vet | Owner | Courier/Runner | | | |
| Vestibule Drop Box Refrigerator Incubator (Login date/time) _____ | | | | | | | | | |
| Condition Upon Receipt: Good Broken Leaked Cold Pack Frozen No Refrigerant | | | | | | | | | |
| LAB ASSIGNMENTS: P H B My S T Mo O R Antech Disposal (only) | | | | | | | | | |
| | | | | | | | | | Opened by: _____ |

TEST(S) REQUESTED

For a complete list of tests and specimen requirements, see test catalog at <https://oaddl.okstate.edu>

| BACTERIOLOGY / MYCOLOGY | | |
|---|---|---|
| <input type="checkbox"/> Aerobic Culture with up to 2 Susceptibility Profiles <input type="checkbox"/> Anaerobic & Aerobic Culture with up to 2 Susceptibility Profile <input type="checkbox"/> Fungal & Aerobic Culture with up to 2 Susceptibility Profiles <input type="checkbox"/> Aerobic Culture only <input type="checkbox"/> Anaerobic Culture only <input type="checkbox"/> Antibiotic Susceptibility | <input type="checkbox"/> Bacterial Isolate ID by MALDI-TOF <input type="checkbox"/> <i>Campylobacter fetus</i> Culture <input type="checkbox"/> Clostridial Culture | <input type="checkbox"/> <i>Salmonella</i> Culture with Susceptibility Profile (serogrouping upon request) <input type="checkbox"/> <i>Salmonella</i> Culture - Environmental (Stalls, barns, litter) <input type="checkbox"/> Urine Culture with Susceptibility (<i>cystocentesis</i> or <i>catheter-collected only</i>) <input type="checkbox"/> Fungal Culture <input type="checkbox"/> Milk Culture & Susceptibility <input type="checkbox"/> <i>Mycoplasma bovis</i> Culture |
| PARASITOLOGY | | |
| <input type="checkbox"/> Baermann <input type="checkbox"/> Centrifugal Floatation & Direct Smear <input type="checkbox"/> Coproculture (Larvae ID) <input type="checkbox"/> Centrifugal Floation | <input type="checkbox"/> Fecal Egg Count <input type="checkbox"/> McMasters <input type="checkbox"/> Wisconsin <input type="checkbox"/> Feline Heartworm Ag | <input type="checkbox"/> Giardia AG <input type="checkbox"/> Gross Parasite ID <input type="checkbox"/> Heartworm AG (Pre & Post Heat Treated) <input type="checkbox"/> Hemoparasite Exam (Wright-Giemsa) |
| AVIAN | | |
| <input type="checkbox"/> Avian Influenza <input type="checkbox"/> AGID <input type="checkbox"/> PCR <input type="checkbox"/> ELISA | <input type="checkbox"/> Exotic Newcastle Disease <input type="checkbox"/> PCR | <input type="checkbox"/> <i>Mycoplasma gallisepticum/M synoviae</i> <input type="checkbox"/> ELISA <input type="checkbox"/> PCR <input type="checkbox"/> <i>Salmonella pullorum-typhoid</i> <input type="checkbox"/> Agglutination <input type="checkbox"/> Microagglutination Titer |
| BOVINE | | |
| <input type="checkbox"/> Diarrhea Panel – Aerobic Culture with Susceptibilities, <i>Clostridium perfringens</i> Culture, <i>Salmonella</i> Culture, Rotavirus Group A, Coronavirus PCR, Fecal Float, Smear | | |
| <input type="checkbox"/> Bovine Abortion (Serology) – <i>Leptospira</i> , IBR, BVD SN, BVD ELISA, <i>Brucella</i> , <i>Neospora</i> <input type="checkbox"/> Bovine Respiratory SN Profile 1 – IBR, BVD-1, PI3, BRSV <input type="checkbox"/> Bovine Respiratory Panel PCR *Basic – BVD, IBR, BRSV <input type="checkbox"/> <i>Anaplasma marginale</i> <input type="checkbox"/> ELISA <input type="checkbox"/> PCR <input type="checkbox"/> Bluetongue <input type="checkbox"/> ELISA <input type="checkbox"/> PCR <input type="checkbox"/> Bovine Coronavirus PCR <input type="checkbox"/> Bovine Leukemia Virus <input type="checkbox"/> ELISA <input type="checkbox"/> PCR | <input type="checkbox"/> Bovine Respiratory Syncytial Virus <input type="checkbox"/> SN <input type="checkbox"/> PCR <input type="checkbox"/> <i>Brucella abortus / B. suis</i> <input type="checkbox"/> Bovine Viral Diarrhea (BVD) <input type="checkbox"/> ELISA (PI) <input type="checkbox"/> Type 1 SN <input type="checkbox"/> Type 2 SN <input type="checkbox"/> PCR <input type="checkbox"/> General Herpes Virus PCR <input type="checkbox"/> Sequencing (if Positive) | <input type="checkbox"/> Bovine ELISA Panel – BVD, BLV, Johnes (11 animal minimum) <input type="checkbox"/> Bovine Respiratory SN Profile 2 – IBR, BVD-1, BVD-2, PI3, BRSV <input type="checkbox"/> Bovine Respiratory Panel PCR *Comprehensive – BVD, IBR, BRSV, BCoV, M Bovis <input type="checkbox"/> IBR <input type="checkbox"/> SN <input type="checkbox"/> PCR <input type="checkbox"/> Johnes's (<i>Submit individual samples</i>) <input type="checkbox"/> ELISA <input type="checkbox"/> PCR – Individual <input type="checkbox"/> PCR – Pooled in Lab <input type="checkbox"/> <i>Leptospira</i> spp. <input type="checkbox"/> MAT – 5 serovers <input type="checkbox"/> PCR <input type="checkbox"/> <i>Mycoplasma bovis</i> PCR |
| <input type="checkbox"/> <i>Neospora</i> spp ELISA <input type="checkbox"/> Parainfluenza 3 (PI3) Virus SN <input type="checkbox"/> Pregnancy ELISA <input type="checkbox"/> Rotavirus Group A Card <input type="checkbox"/> <i>Trichostrongylus axei</i> <i>(Submit individual Samples)</i> <input type="checkbox"/> Culture (InPouch TF) <input type="checkbox"/> PCR (PBS or InPouch TF) <input type="checkbox"/> PCR – Pooled in Lab | | |
| CANINE | | |
| <input type="checkbox"/> Diarrhea Panel – Aerobic Culture with Susceptibility, <i>Clostridium perfringens</i> Culture, <i>Salmonella</i> Culture, <i>Campylobacter jejuni</i> Culture, Parvovirus PCR, Fecal Float, Smear | | |
| <input type="checkbox"/> <i>Brucella canis</i> IFA <input type="checkbox"/> Canine Distemper PCR <input type="checkbox"/> Canine Herpesvirus PCR | <input type="checkbox"/> Canine Influenza PCR <input type="checkbox"/> Canine Parvovirus PCR <input type="checkbox"/> <i>Ehrlichia</i> sp. | <input type="checkbox"/> <i>Leptospira</i> spp. <input type="checkbox"/> MAT – 5 serovers <input type="checkbox"/> PCR <input type="checkbox"/> Rocky Mountain Spotted Fever IFA <input type="checkbox"/> Tick Profile (Serology) <i>Ehrlichia canis, RMSF, Lyme, Anaplasma</i> |
| CAPRINE / OVINE | | |
| <input type="checkbox"/> Diarrhea Panel – Aerobic Culture with Susceptibility, <i>Clostridium perfringens</i> Culture, <i>Salmonella</i> Culture, Fecal Float, Smear | | |
| <input type="checkbox"/> Biosecurity Panel - CAE, CL, Johnes <input type="checkbox"/> Bluetongue <input type="checkbox"/> ELISA <input type="checkbox"/> PCR | <input type="checkbox"/> <i>Brucella abortus / B. suis</i> <input type="checkbox"/> <i>Brucella melitensis</i> <input type="checkbox"/> BVD PCR <input type="checkbox"/> CAE/OPP/SRLV | <input type="checkbox"/> Johnes's (Submit Individual Samples) <input type="checkbox"/> ELISA <input type="checkbox"/> PCR <input type="checkbox"/> PCR – Pooled in Lab <input type="checkbox"/> <i>Leptospira</i> spp. <input type="checkbox"/> MAT – 5 serovers <input type="checkbox"/> PCR <input type="checkbox"/> Pregnancy ELISA |
| EQUINE | | |
| <input type="checkbox"/> Diarrhea Panel – Aerobic Culture with Susceptibility, <i>Clostridium perfringens</i> Culture, <i>Salmonella</i> Culture, Rotavirus Group A, Coronavirus PCR, Fecal Float, Smear | | |
| <input type="checkbox"/> Ehrlichia PCR <input type="checkbox"/> EIA ELISA <input type="checkbox"/> Equine Herpesvirus 1 PCR <input type="checkbox"/> Equine Herpesvirus 4 PCR <input type="checkbox"/> Equine Influenza PCR | <input type="checkbox"/> General Herpesvirus PCR <input type="checkbox"/> Sequencing (if Positive) <input type="checkbox"/> <i>Leptospira</i> spp. <input type="checkbox"/> MAT – 5 serovers <input type="checkbox"/> PCR | <input type="checkbox"/> Piroplasmosis, <i>Babesia caballi</i> c-ELISA <input type="checkbox"/> Piroplasmosis, <i>Theileria equi</i> c-ELISA <input type="checkbox"/> Rotavirus Group A – Immunocard Test <input type="checkbox"/> <i>Streptococcus equi</i> PCR <input type="checkbox"/> Other: |
| FELINE | | |
| <input type="checkbox"/> Diarrhea Panel – Aerobic Culture with Susceptibility, <i>Clostridium perfringens</i> Culture, <i>Salmonella</i> Culture, <i>Campylobacter jejuni</i> Culture, Parvovirus PCR, Fecal Float, Smear | | |
| <input type="checkbox"/> <i>Cytauxzoon felis</i> PCR | <input type="checkbox"/> Feline Parvovirus/ Panleukopenia PCR | <input type="checkbox"/> <i>Francisella tularensis</i> "Tularemia" PCR |
| PORCINE | | |
| <input type="checkbox"/> Diarrhea Panel - Suckling/Nursery - Aerobic Culture with Susceptibility, Rotavirus Group A, Coronavirus PCR (TGE, PEDV, SDCoV), Fecal Float, Smear | | |
| <input type="checkbox"/> Diarrhea Panel - Grower/Finisher - Aerobic Culture with Susceptibility, <i>Salmonella</i> Culture, Coronavirus PCR (TGE, PEDV, SDCoV), Fecal Float, Smear, <i>Lawsonia</i> & <i>Brachyspira hyodysenteriae/B. hamptonii</i> PCR | | |
| <input type="checkbox"/> <i>Brucella abortus</i> & Pseudorabies gB ELISA Panel <input type="checkbox"/> <i>Brucella abortus / B. suis</i> <input type="checkbox"/> Coronavirus Multiplex PCR – PEDV, TGEV, SDCoV | <input type="checkbox"/> <i>Leptospira</i> spp. <input type="checkbox"/> MAT – 5 serovers <input type="checkbox"/> PCR <input type="checkbox"/> <i>Pseudorabies gB</i> ELISA | <input type="checkbox"/> PRRS Virus <input type="checkbox"/> ELISA <input type="checkbox"/> PCR – NA/EU <input type="checkbox"/> Swine Influenza Virus PCR |

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