

# Oklahoma Animal Disease Diagnostic Laboratory

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Stillwater, OK 74078  
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PO BOX 7001  
Stillwater, OK 74076  
https://oaddl.okstate.edu - oaddl@okstate.edu

OWNER				CLINIC / DVM			
Premise ID		County		Account #			
Owner(s)				Clinic			
Address				Veterinarian			
City		State		Zip		Address	
Primary Phone #				City		State	
Email				Primary Phone #			
Alternate Contact				Email			
SUBMITTER/BILL PARTY: <input type="checkbox"/> Owner <input type="checkbox"/> Clinic REPORT TO: <input type="checkbox"/> Owner <input type="checkbox"/> Clinic				Date Specimens Collected: _____ ZOONOTIC 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

*In the space below, provide brief, recent, relevant information to animal's condition*


	<b>BIOPSY / HISTOPATHOLOGY</b>		<b>FIELD NECROPSY</b>	
	<input type="checkbox"/> Short Report <input type="checkbox"/> Long Report		Histopathology wanted: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Location			
	# of Sites/Lesions			
	Size & Shape			
	Duration		<b>LAB USE ONLY</b>	
	Rate of Growth			
<b>LAB USE ONLY</b>				
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 <b>LAB ASSIGNMENTS:</b> 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				*Discounted panels billed in full (no partial billing if no growth occurs).
<input type="checkbox"/> Aerobic Culture with up to 2 Susceptibilities*	<input type="checkbox"/> <i>Salmonella</i> Culture with Susceptibility* (serogrouping upon request) Urine			
<input type="checkbox"/> Anaerobic & Aerobic Culture with up to 2 Susceptibilities*	<input type="checkbox"/> <i>Salmonella</i> Culture - Environmental (Stalls, barns, litter)			
<input type="checkbox"/> Fungal & Aerobic Culture with up to 2 Susceptibilities*	<input type="checkbox"/> Culture with Susceptibility* ( <i>cystocentesis</i> or <i>catheter-collected only</i> ) Milk			
<input type="checkbox"/> Aerobic Culture only	<input type="checkbox"/> Bacterial Isolate ID by MALDI-TOF	<input type="checkbox"/> Fungal Culture	<b>TOXICOLOGY</b>	
<input type="checkbox"/> Anaerobic Culture only	<input type="checkbox"/> <i>Campylobacter fetus</i> Culture	<input type="checkbox"/> Culture & Susceptibility*	<input type="checkbox"/> Blue-Green Algae	
<input type="checkbox"/> Antibiotic Susceptibility	<input type="checkbox"/> Clostridial Culture	<input type="checkbox"/> <i>Mycoplasma bovis</i> Culture	<input type="checkbox"/> Prussic Acid/Cyanide	
PARASITOLOGY				
<input type="checkbox"/> Baermann	<input type="checkbox"/> Fecal Egg Count	<input type="checkbox"/> Giardia AG	<input type="checkbox"/> Modified Knotts	
<input type="checkbox"/> Centrifugal Flotation & Direct	<input type="checkbox"/> McMasters	<input type="checkbox"/> Gross Parasite ID	<input type="checkbox"/> Sedimentation	
<input type="checkbox"/> Coproculture (Larvae ID)	<input type="checkbox"/> Wisconsin	<input type="checkbox"/> Heartworm AG (Pre & Post Heat Treated)	<input type="checkbox"/> Tick ID	
<input type="checkbox"/> Smear Centrifugal Flotation	<input type="checkbox"/> Feline Heartworm Ag	<input type="checkbox"/> Hemoparasite Exam (Wright-Giemsa)		
AVIAN				
<input type="checkbox"/> Avian Influenza	<input type="checkbox"/> Exotic Newcastle Disease	<input type="checkbox"/> <i>Mycoplasma gallisepticum</i> /M <i>synoviae</i>	<input type="checkbox"/> <i>Salmonella pullorum</i> -typhoid	
<input type="checkbox"/> AGID <input type="checkbox"/> PCR	<input type="checkbox"/> PCR	<input type="checkbox"/> ELISA	<input type="checkbox"/> Agglutination	
<input type="checkbox"/> ELISA		<input type="checkbox"/> PCR	<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> , Neospora				
<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"/> Bovine Respiratory Syncytial Virus	<input type="checkbox"/> IBR	<input type="checkbox"/> <i>Neospora spp</i> ELISA	
<input type="checkbox"/> ELISA	<input type="checkbox"/> SN	<input type="checkbox"/> SN	<input type="checkbox"/> Parainfluenza 3 (PI3) Virus SN	
<input type="checkbox"/> PCR	<input type="checkbox"/> PCR	<input type="checkbox"/> PCR	<input type="checkbox"/> Pregnancy ELISA	
<input type="checkbox"/> Bluetongue	<input type="checkbox"/> <i>Brucella abortus</i> / <i>B. suis</i>	<input type="checkbox"/> John's (Submit individual samples)	<input type="checkbox"/> Rotavirus Group A Card	
<input type="checkbox"/> ELISA	<input type="checkbox"/> Bovine Viral Diarrhea (BVD)	<input type="checkbox"/> ELISA	<input type="checkbox"/> <i>Tritrichomonas foetus</i>	
<input type="checkbox"/> PCR	<input type="checkbox"/> ELISA (PI)	<input type="checkbox"/> PCR - Individual	(Submit individual Samples)	
<input type="checkbox"/> Bovine Coronavirus PCR	<input type="checkbox"/> Type 1 SN	<input type="checkbox"/> PCR - Pooled in Lab	<input type="checkbox"/> Culture (InPouch TF)	
<input type="checkbox"/> Bovine Leukemia Virus	<input type="checkbox"/> Type 2 SN	<input type="checkbox"/> <i>Leptospira spp.</i>	<input type="checkbox"/> PCR (PBS or InPouch TF)	
<input type="checkbox"/> ELISA	<input type="checkbox"/> PCR	<input type="checkbox"/> MAT - 6 serovars	<input type="checkbox"/> PCR - Pooled in Lab	
<input type="checkbox"/> PCR	<input type="checkbox"/> General Herpes Virus PCR	<input type="checkbox"/> PCR		
	<input type="checkbox"/> Sequencing (if Positive)	<input type="checkbox"/> <i>Mycoplasma bovis</i> PCR		
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 Influenza PCR	<input type="checkbox"/> <i>Leptospira spp.</i>	<input type="checkbox"/> Rocky Mountain Spotted Fever IFA	
<input type="checkbox"/> Canine Distemper PCR	<input type="checkbox"/> Canine Parvovirus PCR	<input type="checkbox"/> MAT - 6 serovars	<input type="checkbox"/> Tick Profile (Serology)	
<input type="checkbox"/> Canine Herpesvirus PCR	<input type="checkbox"/> <i>Ehrlichia sp.</i>	<input type="checkbox"/> PCR	<i>Ehrlichia canis</i> , RMSF, Lyme, Anaplasma	
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 <sup>R</sup> , John's	<input type="checkbox"/> <i>Brucella abortus</i> / <i>B. suis</i>	<input type="checkbox"/> CAE/OPP/SRLV ELISA	<input type="checkbox"/> <i>Leptospira spp.</i>	
<input type="checkbox"/> Bluetongue	<input type="checkbox"/> <i>Brucella melitensis</i>	<input type="checkbox"/> John's (Submit Individual Samples)	<input type="checkbox"/> MAT - 6 serovars	
<input type="checkbox"/> ELISA	<input type="checkbox"/> <i>Brucella ovis</i> <sup>R</sup>	<input type="checkbox"/> ELISA	<input type="checkbox"/> PCR	
<input type="checkbox"/> PCR	<input type="checkbox"/> BVD PCR	<input type="checkbox"/> PCR <input type="checkbox"/> PCR - Pooled in Lab	<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, Fecal Float, Smear				
<input type="checkbox"/> Neurological Panel <sup>R</sup> - Eastern Equine Encephalitis ELISA, West Nile Virus ELISA, Equine Protozoal Myeloencephalitis IFAT (all tests sent to referral labs)				
<input type="checkbox"/> Ehrlichia PCR	<input type="checkbox"/> Equine Influenza PCR	<input type="checkbox"/> <i>Leptospira spp.</i>	<input type="checkbox"/> Piroplasmiasis, <i>Theileria equi</i> c-ELISA	
<input type="checkbox"/> EIA ELISA	<input type="checkbox"/> General Herpesvirus PCR	<input type="checkbox"/> MAT - 6 serovars	<input type="checkbox"/> Rotavirus Group A - Immunocard Test	
<input type="checkbox"/> Equine Herpesvirus 1 PCR	<input type="checkbox"/> Sequencing (if Positive)	<input type="checkbox"/> PCR	<input type="checkbox"/> <i>Streptococcus equi</i> PCR	
<input type="checkbox"/> Equine Herpesvirus 4 PCR		<input type="checkbox"/> Piroplasmiasis, <i>Babesia caballi</i> c-ELISA	<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, Lawsonia & <i>Brachyspira hyodysenteriae</i> / <i>B. hampsonii</i> PCR				
<input type="checkbox"/> <i>Brucella abortus</i> & Pseudorabies gB ELISA Panel	<input type="checkbox"/> <i>Leptospira spp.</i>	<input type="checkbox"/> PRRS Virus		
<input type="checkbox"/> <i>Brucella abortus</i> / <i>B. suis</i>	<input type="checkbox"/> MAT - 6 serovars	<input type="checkbox"/> ELISA		
<input type="checkbox"/> Coronavirus Multiplex PCR - PEDV, TGEV, SDCoV	<input type="checkbox"/> PCR	<input type="checkbox"/> PCR - NA/EU		
	<input type="checkbox"/> <i>Pseudorabies gB</i> ELISA	<input type="checkbox"/> Swine Influenza Virus PCR		

Unless written agreements are in place prior to submission to OADDL, all submitted materials plus any biological or chemical material derived from the submission shall be the property of OADDL. Any use of such derived material is by permission of OADDL. OADDL reserves the right to forward samples to reference subcontractors for tests not currently available at OADDL.

Tests designated with "R" are sent to a referral laboratory for testing.