

# Oklahoma Animal Disease Diagnostic Laboratory

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1950 W Farm Rd  
Stillwater, OK 74078  
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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   |                  |
| Email                                                                                                                                                             |              |        |         | Primary Phone #                                                                                                     |     |         |                  |
| Alternate Contact                                                                                                                                                 |              |        |         | Email                                                                                                               |     |         |                  |
| SUBMITTER/BILL PARTY: <input type="checkbox"/> Owner <input type="checkbox"/> Clinic<br>REPORT TO: <input type="checkbox"/> Owner <input type="checkbox"/> Clinic |              |        |         | Date Specimens Collected: _____<br>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*

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--|------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                          | <b>BIOPSY / HISTOPATHOLOGY</b>                                             |  | <b>FIELD NECROPSY</b>                                                              |
|                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Short Report <input type="checkbox"/> Long Report |  | Histopathology wanted:<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                                                                                                                                                                                                                                                          | Location                                                                   |  |                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                          | # of Sites/Lesions                                                         |  |                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                          | Size & Shape                                                               |  |                                                                                    |
| Duration                                                                                                                                                                                                                                                                                                                                                                 |                                                                            |  |                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                          | Rate of Growth                                                             |  |                                                                                    |
| <b>LAB USE ONLY</b>                                                                                                                                                                                                                                                                                                                                                      |                                                                            |  |                                                                                    |
| FedEx    UPS    Post Mark _____    Postage Due _____    Vet    Owner    Courier/Runner<br>Vestibule    Drop Box    Refrigerator    Incubator (Login date/time) _____<br>Condition Upon Receipt:    Good    Broken    Leaked    Cold Pack    Frozen    No Refrigerant<br><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*<br><input type="checkbox"/> Anaerobic & Aerobic Culture with up to 2 Susceptibilities*<br><input type="checkbox"/> Fungal & Aerobic Culture with up to 2 Susceptibilities*<br><input type="checkbox"/> Aerobic Culture only<br><input type="checkbox"/> Anaerobic Culture only<br><input type="checkbox"/> Antibiotic Susceptibility                                                                                                                                                                                                                                                               | <input type="checkbox"/> Bacterial Isolate ID by MALDI-TOF<br><input type="checkbox"/> <i>Campylobacter fetus</i> Culture<br><input type="checkbox"/> Clostridial Culture<br><input type="checkbox"/> <i>Salmonella</i> Culture with Susceptibility* (serogrouping upon request)<br><input type="checkbox"/> <i>Salmonella</i> Culture - Environmental (Stalls, barns, litter)<br><input type="checkbox"/> Urine Culture with Susceptibility* ( <i>cystocentesis</i> or <i>catheter-collected only</i> )<br><input type="checkbox"/> Fungal Culture<br><input type="checkbox"/> Milk Culture & Susceptibility*<br><input type="checkbox"/> <i>Mycoplasma bovis</i> Culture | TOXICOLOGY |  |
| <input type="checkbox"/> Blue-Green Algae<br><input type="checkbox"/> Prussic Acid/Cyanide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |  |
| PARASITOLOGY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |  |
| <input type="checkbox"/> Baermann<br><input type="checkbox"/> Centrifugal Flotation & Direct<br><input type="checkbox"/> Coproculture (Larvae ID)<br><input type="checkbox"/> Smear Centrifugal Flotation                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |  |
| <input type="checkbox"/> Fecal Egg Count<br><input type="checkbox"/> McMaster's<br><input type="checkbox"/> Wisconsin<br><input type="checkbox"/> Feline Heartworm Ag                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |  |
| <input type="checkbox"/> Giardia AG<br><input type="checkbox"/> Gross Parasite ID<br><input type="checkbox"/> Heartworm AG (Pre & Post Heat Treated)<br><input type="checkbox"/> Hemoparasite Exam (Wright-Giemsa)                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |  |
| AVIAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |  |
| <input type="checkbox"/> Avian Influenza<br><input type="checkbox"/> AGID<br><input type="checkbox"/> PCR<br><input type="checkbox"/> ELISA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |  |
| <input type="checkbox"/> Exotic Newcastle Disease<br><input type="checkbox"/> PCR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |  |
| <input type="checkbox"/> <i>Mycoplasma gallisepticum</i> /M synoviae<br><input type="checkbox"/> ELISA<br><input type="checkbox"/> PCR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |  |
| <input type="checkbox"/> <i>Salmonella pullorum</i> -typhoid<br><input type="checkbox"/> Agglutination<br><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<br><input type="checkbox"/> Bovine Abortion (Serology) - <i>Leptospira</i> , IBR, BVD SN, BVD ELISA, <i>Brucella</i> , Neospora<br><input type="checkbox"/> Bovine Respiratory SN Profile 1 - IBR, BVD-1, PI3, BRSV<br><input type="checkbox"/> Bovine Respiratory Panel PCR *Basic - BVD, IBR, BRSV<br><input type="checkbox"/> <i>Anaplasma marginale</i><br><input type="checkbox"/> ELISA<br><input type="checkbox"/> PCR                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |  |
| <input type="checkbox"/> Bovine Respiratory Syncytial Virus<br><input type="checkbox"/> SN<br><input type="checkbox"/> PCR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |  |
| <input type="checkbox"/> Bluetongue<br><input type="checkbox"/> ELISA<br><input type="checkbox"/> PCR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |  |
| <input type="checkbox"/> <i>Brucella abortus</i> / <i>B. suis</i><br><input type="checkbox"/> Bovine Viral Diarrhea (BVD)<br><input type="checkbox"/> ELISA (PI)<br><input type="checkbox"/> Type 1 SN<br><input type="checkbox"/> Type 2 SN<br><input type="checkbox"/> PCR                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |  |
| <input type="checkbox"/> Bovine Coronavirus PCR<br><input type="checkbox"/> Bovine Leukemia Virus<br><input type="checkbox"/> ELISA<br><input type="checkbox"/> PCR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |  |
| <input type="checkbox"/> General Herpes Virus PCR<br><input type="checkbox"/> Sequencing (if Positive)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |  |
| <input type="checkbox"/> Bovine ELISA Panel - BVD, BLV, John's (11 animal minimum)<br><input type="checkbox"/> Bovine Respiratory SN Profile 2 - IBR, BVD-1, BVD-2, PI3, BRSV<br><input type="checkbox"/> Bovine Respiratory Panel PCR *Comprehensive - BVD, IBR, BRSV, BCV, M Bovis<br><input type="checkbox"/> IBR<br><input type="checkbox"/> SN<br><input type="checkbox"/> PCR                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |  |
| <input type="checkbox"/> John's ( <i>Submit individual samples</i> )<br><input type="checkbox"/> ELISA<br><input type="checkbox"/> PCR - Individual<br><input type="checkbox"/> PCR - Pooled in Lab                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |  |
| <input type="checkbox"/> <i>Leptospira</i> spp.<br><input type="checkbox"/> MAT - 6 serovars<br><input type="checkbox"/> PCR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |  |
| <input type="checkbox"/> <i>Mycoplasma bovis</i> PCR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |  |
| <input type="checkbox"/> <i>Neospora</i> spp ELISA<br><input type="checkbox"/> Parainfluenza 3 (PI3) Virus SN<br><input type="checkbox"/> Pregnancy ELISA<br><input type="checkbox"/> Rotavirus Group A Card<br><input type="checkbox"/> <i>Tritrichomonas foetus</i> ( <i>Submit individual Samples</i> )<br><input type="checkbox"/> Culture (InPouch TF)<br><input type="checkbox"/> PCR (PBS or InPouch TF)<br><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<br><input type="checkbox"/> <i>Brucella canis</i> IFA<br><input type="checkbox"/> Canine Distemper PCR<br><input type="checkbox"/> Canine Herpesvirus PCR                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |  |
| <input type="checkbox"/> Canine Influenza PCR<br><input type="checkbox"/> Canine Parvovirus PCR<br><input type="checkbox"/> <i>Ehrlichia</i> sp.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |  |
| <input type="checkbox"/> <i>Leptospira</i> spp.<br><input type="checkbox"/> MAT - 6 serovars<br><input type="checkbox"/> PCR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |  |
| <input type="checkbox"/> Rocky Mountain Spotted Fever IFA<br><input type="checkbox"/> Tick Profile (Serology)<br><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<br><input type="checkbox"/> Biosecurity Panel - CAE, CL <sup>R</sup> , John's<br><input type="checkbox"/> Bluetongue<br><input type="checkbox"/> ELISA<br><input type="checkbox"/> PCR                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |  |
| <input type="checkbox"/> <i>Brucella abortus</i> / <i>B. suis</i><br><input type="checkbox"/> <i>Brucella melitensis</i><br><input type="checkbox"/> <i>Brucella ovis</i> <sup>R</sup><br><input type="checkbox"/> BVD PCR                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |  |
| <input type="checkbox"/> CAE/OPP/SRLV ELISA<br><input type="checkbox"/> John's ( <i>Submit Individual Samples</i> )<br><input type="checkbox"/> ELISA<br><input type="checkbox"/> PCR<br><input type="checkbox"/> PCR - Pooled in Lab                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |  |
| <input type="checkbox"/> <i>Leptospira</i> spp.<br><input type="checkbox"/> MAT - 6 serovars<br><input type="checkbox"/> PCR<br><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<br><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)<br><input type="checkbox"/> Ehrlichia PCR<br><input type="checkbox"/> EIA ELISA<br><input type="checkbox"/> Equine Herpesvirus 1 PCR<br><input type="checkbox"/> Equine Herpesvirus 4 PCR                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |  |
| <input type="checkbox"/> Equine Influenza PCR<br><input type="checkbox"/> General Herpesvirus PCR<br><input type="checkbox"/> Sequencing (if Positive)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |  |
| <input type="checkbox"/> <i>Leptospira</i> spp.<br><input type="checkbox"/> MAT - 6 serovars<br><input type="checkbox"/> PCR<br><input type="checkbox"/> Piroplasmosis, <i>Babesia caballi</i> c-ELISA                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |  |
| <input type="checkbox"/> Piroplasmosis, <i>Theileria equi</i> c-ELISA<br><input type="checkbox"/> Rotavirus Group A - Immunocard Test<br><input type="checkbox"/> <i>Streptococcus equi</i> PCR<br><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<br><input type="checkbox"/> <i>Cytauxzoon felis</i> PCR                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |  |
| <input type="checkbox"/> Feline Parvovirus/ Panleukopenia PCR<br><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<br><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<br><input type="checkbox"/> <i>Brucella abortus</i> & Pseudorabies gB ELISA Panel<br><input type="checkbox"/> <i>Brucella abortus</i> / <i>B. suis</i><br><input type="checkbox"/> Coronavirus Multiplex PCR - PEDV, TGEV, SDCoV |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |  |
| <input type="checkbox"/> <i>Leptospira</i> spp.<br><input type="checkbox"/> MAT - 6 serovars<br><input type="checkbox"/> PCR<br><input type="checkbox"/> Pseudorabies gB ELISA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |  |
| <input type="checkbox"/> PRRS Virus<br><input type="checkbox"/> ELISA<br><input type="checkbox"/> PCR - NA/EU<br><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.