



LABORATORY USE ONLY

CASE NO.
INITIALS

1527 PRAIRIE DRIVE | WORTHINGTON, MN | 56187
507.372.3560 | 877.298.1321 | INFO@CAMBRIDGETECHNOLOGIES.COM

BOVINE DIAGNOSTIC REQUEST FORM

DATE: _____

OWNER: _____

VETERINARIAN: _____

ADDRESS: _____

CLINIC: _____

CITY, STATE & ZIP: _____

ADDRESS: _____

SITE NAME: _____

CITY, STATE & ZIP: _____

ADDRESS: _____

PHONE: _____

CITY, STATE & ZIP: _____

EMAIL: _____

PREMISE ID: _____

TISSUES SUBMITTED

☐ Brain ☐ Heart ☐ Lung ☐ Liver ☐ Kidney ☐ Spleen ☐ Lymph Node ☐ Intestine
☐ Serum ☐ Blood ☐ Feces _____ #of Swabs Swabs Origin Save Isolates: ☐ Yes ☐ No

EXAMINATION REQUESTS

☐ LEAVE TO THE DISCRETION OF DIAGNOSTICIAN

Please note that samples will be pooled in groups of ≤ 5 for PCR, Mycoplasma culture, and VI testing, unless otherwise specified.

RESPIRATORY

- ☐ Aerobic Culture
- ☐ Anaerobic Culture
- ☐ Sensitivity
- ☐ Mycoplasma Isolation
- ☐ BRD PCR Panel
- ☐ BRD Extended PCR Panel
- ☐ Virus Isolation (if PCR +)

ENTERIC

- ☐ Aerobic Culture
- ☐ Anaerobic Culture
- ☐ Sensitivity
- ☐ Salmonella Enrichment
- ☐ Crypto Smear
- ☐ Fecal Exam
- ☐ Bovine Enteric Panel
- ☐ BVD Ear Notch qPCR
- ☐ BVD PI Identification
- ☐ Virus Isolation (if PCR +)

PINKEYE

- ☐ Aerobic Culture
- ☐ Sensitivity
- ☐ Mycoplasma Isolation
- ☐ IBK Multiplex PCR
- ☐ Virus Isolation (if PCR +)

MASTITIS

- ☐ Aerobic Culture
- ☐ Sensitivity

GENERAL

- ☐ ID Only
- ☐ Histology (additional fees apply)
- ☐ Metagenomic Sequencing

SPECIES:

AGE:

CLINICAL SIGNS:

- ☐ ENTERIC
- ☐ LAMENESS
- ☐ RESPIRATORY
- ☐ SUDDEN DEATH
- ☐ CNS
- ☐ OTHER:

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ADDITIONAL HISTORY & CLINICAL SIGNS:

Sample ID#	Animal ID	Age (Check Unit)			Location (Other)	Gender	Parity (#)
		☐ d ☐ yr	☐ wk ☐ adult	☐ mo ☐ NA			
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Sample ID#	Animal ID	Age (Check Unit)			Location (Other)	Gender	Parity (#)
		☐ d ☐ yr	☐ wk ☐ adult	☐ mo ☐ NA			
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Additional Comments:

