

**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 _____ Swabs Origin _____ #of Swabs

Save Isolates: ☐ Yes ☐ No

EXAMINATION REQUESTS

☐ LEAVE TO THE DISCRETION OF DIAGNOSTICIAN

GENERAL

- ☐ Aerobic Culture
- ☐ Anaerobic Culture
- ☐ Sensitivity
- ☐ Histology (additional fees apply)
- ☐ Mycoplasma Isolation

ENTERIC

- ☐ Crypto smear (fecal samples only)
- ☐ Fecal Exam
- ☐ Salmonella Enrichment
- ☐ Viral Isolation
- ☐ Bovine Enteric Panel: BCV, Rotavirus A, K99, Salmonella
☐ POOL ☐ INDIVIDUAL
- ☐ BVD Ear Notch qPCR (50 per pool)
- ☐ BVD PI Identification
☐ POOL ☐ INDIVIDUAL
- ☐ Rotavirus A B C qPCR
☐ POOL ☐ INDIVIDUAL
- ☐ E. coli Pilus/Toxin Typing
☐ POOL ☐ INDIVIDUAL
- ☐ Clostridium perfringens toxin typing
☐ POOL ☐ INDIVIDUAL
- ☐ Rotavirus Sequencing
☐ POOL ☐ INDIVIDUAL
- ☐ Single Pathogen PCR
☐ POOL ☐ INDIVIDUAL

RESPIRATORY

- ☐ Virus Isolation
- ☐ BRD Panel:
H. somni, M. haemolytica, Myco. bovis,
P. multocida, BHVI, BVDV, BRSV, BCV,
IDV
☐ POOL ☐ INDIVIDUAL
- ☐ BRD – Viral Only
☐ POOL ☐ INDIVIDUAL
- ☐ BRD – Bacterial Only
☐ POOL ☐ INDIVIDUAL
- ☐ BRD – Extended Panel:
Bovine rhinitis A virus, Bovine rhinitis
B virus, Nidovirus, Streptococcus suis
☐ POOL ☐ INDIVIDUAL
- ☐ Single Pathogen PCR
☐ POOL ☐ INDIVIDUAL
- ☐ Pasteurella multocida Toxin Typing
☐ POOL ☐ INDIVIDUAL

PINKEYE

- ☐ Single Pathogen PCR
☐ POOL ☐ INDIVIDUAL
- ☐ IBK Multiplex: Myco. bovis,
Myco. bovoculi, Moraxella bovis,
Moraxella bovoculi, BHV
☐ POOL ☐ INDIVIDUAL

MOLECULAR ANALYSIS

- ☐ Multilocus Sequence Typing
- ☐ Metagenomic Sequencing

SPECIES: _____

AGE: _____

CLINICAL SIGNS:

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

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:

