



LABORATORY USE ONLY

CASE NO.
INITIALS

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CERVID 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: _____
CC EMAIL: _____	

TISSUES SUBMITTED

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

EXAMINATION REQUESTS

☐ LEAVE TO THE DISCRETION OF DIAGNOSTICIAN

GENERAL

- ☐ Aerobic Culture
- ☐ Anaerobic Culture
- ☐ Sensitivity
- ☐ Mycoplasma Isolation

ENTERIC

- ☐ Crypto smear (fecal samples only)
- ☐ Fecal Exam - Parasites
- ☐ Salmonella Enrichment
- ☐ Viral Isolation
- ☐ Enteric Panel
 - ☐ POOL ☐ INDIVIDUAL
- ☐ E. coli Pilus/Toxin Typing
 - ☐ POOL ☐ INDIVIDUAL
- ☐ Clostridium perfringens toxin typing
 - ☐ POOL ☐ INDIVIDUAL

RESPIRATORY

- ☐ Virus Isolation
- ☐ BRD Panel:
 - H. somni, M. haemolytica, Bibersteinia, Myco. bovis, P. multocida, BHVI, BVDV, BRSV, BCV, IDV
 - ☐ POOL ☐ INDIVIDUAL
- ☐ BRD – Viral Only
 - ☐ POOL ☐ INDIVIDUAL
- ☐ BRD – Bacterial Only
 - ☐ POOL ☐ INDIVIDUAL
- ☐ Pasteurella multocida Toxin Typing
 - ☐ POOL ☐ INDIVIDUAL

MOLECULAR ANALYSIS

- ☐ Multilocus Sequence Typing
- ☐ Metagenomic Sequencing

SPECIES: _____

AGE: _____

CLINICAL SIGNS:

- ☐ ENTERIC ☐ LAMENESS
- ☐ RESPIRATORY
- ☐ SUDDEN DEATH
- ☐ NEUROLOGICAL

ADDITIONAL HISTORY & CLINICAL SIGNS: