



## LABORATORY USE ONLY

CASE NO.  
INITIALS

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

## OVINE CONFIRMATORY TESTING REQUEST FORM

DATE: \_\_\_\_\_

OWNER: \_\_\_\_\_

VETERINARIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CLINIC: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SITE NAME: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PREMISE ID: \_\_\_\_\_

SPECIES: \_\_\_\_\_

CLINICAL SIGNS:

☐ OTHER:

☐ ENTERIC

☐ CNS

☐ LAMENESS

☐ RESPIRATORY

☐ SUDDEN DEATH

AGE: \_\_\_\_\_

## SUSPECTED DISEASE(S) AND SAMPLE TYPE(S) (Check all that apply)

### ☐ FOOT ROT PANEL

(Fusobacterium,  
Dichelobacter (Bacteroides))

*Charcoal swabs preferred*

Put samples on ice prior to  
submission. Please contact  
your Cambridge rep prior  
to submission.

### ☐ RESPIRATORY PANEL

(Pasteurella, Mannheimia,  
Bibersteinia)

Sample Type Submitted:

- ☐ Lung Sample  
☐ Nasal Swab

### ☐ ENTERIC PANEL

(E. Coli, Salmonella, C. Perfringens  
Type A (goats only))

Sample Type Submitted:

- ☐ Intestine  
☐ Feces  
☐ Swab

### ☐ GENERAL

Indicate Suspected Diseases:

- ☐ BlueTongue  
☐ Corynebacterium  
☐ Pinkeye

Sample Type Submitted:

- ☐ Swab  
☐ Other

**Abortion samples will not be accepted.**

**Please contact your Sales Rep for testing not included on this form.**

**\*\*If submitting to an outside lab, please note on submission form to have any isolates forwarded to Cambridge Technologies.\*\***

WAS THIS SAMPLE PREVIOUSLY  
SUBMITTED TO ANOTHER LAB?

- ☐ YES  
☐ NO

IF YES, PLEASE INDICATE LAB/TEST RESULTS  
BELOW OR ATTACH COPY TO THIS FORM.

## ADDITIONAL HISTORY & CLINICAL SIGNS: