UCONN | COLLEGE OF AGRICULTURE, HEALTH AND NATURAL RESOURCES

PATHOBIOLOGY AND VETERINARY SCIENCE

**Connecticut Veterinary Medical Diagnostic Laboratory**

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**OFFICE USE ONLY**: ☐ Vet ☐ Owner ☐ DoAg
☐ FedEx ☐ UPS ☐ US Mail ☐ Walk-In
Date / Received by Lab:

Payment Information (ACCWKS0014)
Paid- ☐ CC ☐ Check #: _____ Amount $_____

***Review and understand all CVMDL Policies regarding submissions https://cvmdl.uconn.edu/policy/***

# Mastitis Laboratory Submission Form

Accession Number:

## Owner Information

Owner/Farm Name: _____

Address: _____

Email: _____

Phone: _____

☐Party Providing Payment

## Veterinarian Information

Clinic/Veterinarian Name: _____

Address: _____

Email: _____

Phone: _____

☐Party Providing Payment

## Reporting Preferences

Send Report to / Via (check all that apply | Check junk folder for email)

| **Owner:** ☐ E-mail | **Vet:** ☐ E-mail |
|---|---|

Animal(s): ☐Cows ☐Goats ☐Sheep ☐Other: _____

**Total No. of Samples Submitted**: Pools (#): _____ Quarters (#): _____

## Test Requests:

☐ Aerobic Culture & Somatic Cell Count
☐ Sensitivity (Individual)
☐ Sensitivity (Herd)
☐ Mycoplasma
☐ Bulk Tank Mycoplasma
☐ Other:

**Somatic cell counts (DMSCC) cannot be performed on previously frozen milk samples**

**Comments / Instructions for Lab: Include clinical histories (e.g. mastitis; treatment)**

## Submission Form Instructions

1. Instruction for Sample tube labeling- Label on sides of tubes (not caps)
   a. **POOLS (P)**: Label each tube 1, 2, 3, etc.
   b. **FOR COW QUARTERS (QT):** Label each tube in sequential order (1, 2, 3, etc) and indicate the quarter by circling the quarter ID in the Specimen Source column on the next page(s).
   c. **GOAT/SHEEP HALVES**: Label each half in sequential order (1, 2, 3, etc) and indicate the half by circling the half ID on the Specimen Source column on the next page(s).
2. Complete all Owner and, as applicable, Veterinarian information.
3. Fill in the Reporting Preferences section
4. Indicate the species submitted and the number of pools and/or quarters submitted.
5. Check off tests requested in the box labeled Test Request(s), highlighted above in the right-hand side of this page.
6. Complete Date Collected, Tube No., Animal ID, Specimen Source sections on the next page(s) of the submission form.
7. Ensure each page numbers are filled in.

**KEY- Bovine**: RF= Right Front; LF=Left Front; RH= Right Hind; LH= Left Hind; BT= Bulk Tank | **Caprine/Ovine**: RS= Right Side; LS= Left Side | **All Species**: P=Pool

| Date Collected | Tube No. | Animal ID | **Specimen Source**: QT/BT/P/Half (circle one) | Treated within past month? | Mycoplasma Cx | | Cell count (millions) | 1st Culture | 2nd Culture | 2nd Culture | Aerobic Cx Growth **S**: S. aureus \| **L**: S. aureus, low cell ct \| **U**: S. uberis \| **D**: S. dysgalactiae \| **A**: S. agalactiae **N**: No growth, high cell \| **M**: Minor Pathogen \| **O**: Other | | | | | | | | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Detected | Not Detected | | Camp | MA | BA | S | L | U | D | A | N | M | O | |
| | | | RF/BT/P/RS Select Source | | | | | | | | | | | | | | | | |
| | | | LF/BT/P/LS Select Source | | | | | | | | | | | | | | | | |
| | | | RH/BT/P/RS Select Source | | | | | | | | | | | | | | | | |
| | | | LH/BT/P/LS Select Source | | | | | | | | | | | | | | | | |
| | | | RF/BT/P/RS Select Source | | | | | | | | | | | | | | | | |
| | | | LF/BT/P/LS Select Source | | | | | | | | | | | | | | | | |
| | | | RH/BT/P/RS Select Source | | | | | | | | | | | | | | | | |
| | | | LH/BT/P/LS Select Source | | | | | | | | | | | | | | | | |
| | | | RF/BT/P/RS Select Source | | | | | | | | | | | | | | | | |
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| | | | RH/BT/P/RS Select Source | | | | | | | | | | | | | | | | |
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| | | | RH/BT/P/RS Select Source | | | | | | | | | | | | | | | | |
| | | | LH/BT/P/LS Select Source | | | | | | | | | | | | | | | | |