

PATHOBIOLOGY AND VETERINARY SCIENCE

Connecticut Veterinary Medical Diagnostic Laboratory
61 North Eagleville Road, Unit 3203 · Storrs, CT 06269-3203
Phone: 860-486-3738 Email: cvmdl.office@uconn.edu <http://cvmdl.uconn.edu>

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

Payment Information (ACCWKS0014)

Paid- Check #: _____ Amount \$ _____

Mastitis Laboratory Submission Form		Accession Number:
Owner Information		<p>Test Requests:</p> <p><input type="checkbox"/> Aerobic Culture & Somatic Cell Count</p> <p><input type="checkbox"/> Sensitivity (Individual)</p> <p><input type="checkbox"/> Sensitivity (Herd)</p> <p><input type="checkbox"/> Mycoplasma</p> <p><input type="checkbox"/> Bulk Tank Mycoplasma</p> <p><input type="checkbox"/> Other:</p> <hr/> <p style="text-align: center; color: red;"><u>Somatic cell counts (DMSCC) cannot be performed on previously frozen milk samples</u></p>
Owner/Farm Name: _____ Address: _____ Email: _____ Phone: _____		
Veterinarian Information		
Clinic/Veterinarian Name: _____ Address: _____ Email: _____ Phone: _____		
Reporting Preferences		
Send Report to / Via (check all that apply) Check junk folder for email		
Owner: <input type="checkbox"/> E-mail	Vet: <input type="checkbox"/> E-mail	
Animal(s): <input type="checkbox"/> Cows <input type="checkbox"/> Goats <input type="checkbox"/> Sheep <input type="checkbox"/> Other: _____		
Total No. of Samples Submitted: Pools (#): _____ Quarters (#): _____		
Comments / Instructions for Lab: Include clinical histories (e.g. mastitis; treatment)		
<p style="text-align: center;">Submission Form Instructions</p> <ol style="list-style-type: none"> 1. <u>Instruction for Sample tube labeling-</u> Label on sides of tubes (not caps) <ol style="list-style-type: none"> 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)	1 st Culture	2 nd Culture	2 nd Culture	Aerobic Cx Growth								Comments	
					Detected	Not Detected		Camp	MA	BA	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									
											S	L	U	D	A	N	M	O		
			RF/BT/P/RS																	
			LF/BT/P/LS																	
			RH/BT/P/RS																	
			LH/BT/P/LS																	
			RF/BT/P/RS																	
			LF/BT/P/LS																	
			RH/BT/P/RS																	
			LH/BT/P/LS																	
			RF/BT/P/RS																	
			LF/BT/P/LS																	
			RH/BT/P/RS																	
			LH/BT/P/LS																	
			RF/BT/P/RS																	
			LF/BT/P/LS																	
			RH/BT/P/RS																	
			LH/BT/P/LS																	
			RF/BT/P/RS																	
			LF/BT/P/LS																	
			RH/BT/P/RS																	
			LH/BT/P/LS																	

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)	1 st Culture	2 nd Culture	2 nd Culture	Aerobic Cx Growth								Comments	
					Detected	Not Detected		Camp	MA	BA	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									
											S	L	U	D	A	N	M	O		
			RF/BT/P/RS																	
			LF/BT/P/LS																	
			RH/BT/P/RS																	
			LH/BT/P/LS																	
			RF/BT/P/RS																	
			LF/BT/P/LS																	
			RH/BT/P/RS																	
			LH/BT/P/LS																	
			RF/BT/P/RS																	
			LF/BT/P/LS																	
			RH/BT/P/RS																	
			LH/BT/P/LS																	
			RF/BT/P/RS																	
			LF/BT/P/LS																	
			RH/BT/P/RS																	
			LH/BT/P/LS																	
			RF/BT/P/RS																	
			LF/BT/P/LS																	
			RH/BT/P/RS																	
			LH/BT/P/LS																	

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)	1 st Culture	2 nd Culture	2 nd Culture	Aerobic Cx Growth								Comments	
					Detected	Not Detected		Camp	MA	BA	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									
											S	L	U	D	A	N	M	O		
			RF/BT/P/RS																	
			LF/BT/P/LS																	
			RH/BT/P/RS																	
			LH/BT/P/LS																	
			RF/BT/P/RS																	
			LF/BT/P/LS																	
			RH/BT/P/RS																	
			LH/BT/P/LS																	
			RF/BT/P/RS																	
			LF/BT/P/LS																	
			RH/BT/P/RS																	
			LH/BT/P/LS																	
			RF/BT/P/RS																	
			LF/BT/P/LS																	
			RH/BT/P/RS																	
			LH/BT/P/LS																	
			RF/BT/P/RS																	
			LF/BT/P/LS																	
			RH/BT/P/RS																	
			LH/BT/P/LS																	