UCONN | COLLEGE OF AGRICULTURE, HEALTH AND NATURAL RESOURCES

PATHOBIOLOGY AND VETERINARY SCIENCE • CONNECTICUT VETERINARY MEDICAL DIAGNOSTIC LABORATORY

For Lab Use:

Accession Label

61 North Eagleville Road, Unit 3089, Storrs, CT 06269
860-486-3738 (phone) 860-486-3936 (Fax) cvmdl.office@uconn.edu

(Office Use) Date Received by Lab: ☐ Vet ☐ Owner ☐ Other_____

☐ FedEx ☐ UPS ☐ US Mail ☐ Walk-in

Serology, Microbiology and Molecular Diagnostics Submission Form

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

Vet Clinic / Client: _____

_____

Address: _____

City: _____ State: _____ Zip: _____

Phone(s): _____

Email: _____

Owner: _____

Address: _____

City: _____

State: _____ Zip: _____

Email/Phone: _____

Date Sample(s) Collected: _____

Reporting:
All reports are sent via e-mail
Check Junk Folder

Address where animal(s) kept, if different from owner:

Address: _____

City: _____ State: _____ Zip: _____

Lab No.		Animal Name/Identification No.	Species	Breed	Sex	Age	Type of Specimen Submitted	(FOR LAB USE) Results
	1							
	2							
	3							
	4							
	5							
	6							
	7							
	8							
	9							
	10							

Serology

☐ Borrelia burgdorferi (Bb) ELISA-EQ/K9 [l0004]
☐ Anaplasma phagocytophilum IFA [l0001]
☐ Tick Panel-EQ/K9 (Bb ELISA, Bb WB, Anaplasma IFA) [lp001]
☐ Small Ruminant Lentivirus (CAE/OPP) [r0019]
☐ Bb IFA [l0002]
☐ Bb Panel-EQ/K9 (ELISA & WB) [lp003]
☐ Tick Panel (Bb IFA, Bb WB, Anaplasma IFA) [lp002]
☐ Pseudorabies ELISA [r0012]
☐ Bb Western blot (WB) [l0003]
☐ Bb Panel (IFA & WB) [lp004]
☐ Other: _____

Microbiology

☐ Aerobic culture [m0001]
☐ Fungal culture [m0008]
☐ Anaerobic culture [m0002]
☐ Antibiotic Sensitivity
☐ Salmonella culture [m0006]
☐ Other: _____
☐ Mycoplasma culture [m0003]
Organism(s) suspected: _____

Parasitology

☐ Fecal Floatation/Sedimentation [m0004]
☐ Quantitative Fecal [m0010]
☐ Crypto/Giardia FA [m0009]

Molecular

☐ Anaplasma phagocytophilum PCR [p0039]
☐ Chlamydia PCR [p0017]
☐ Iridovirus PCR [p0026]
☐ Mycoplasma PCR [p0030]
☐ Borrelia burgdorferi PCR [p0038]
☐ EEE PCR [p0022]
☐ Leptospira PCR [p0027]
☐ SARS-CoV-2 (COVID-19) PCR [p0037]
☐ Borrelia miyamotoi PCR [p0040]
☐ Herpesvirus PCR [p0025]
☐ Marek's qPCR [p0042]
☐ WNV PCR [p0034]
☐ Canine Distemper qPCR [p0041]
☐ Influenza A Virus PCR (non-avian) [p0009]
☐ Mycobacteria PCR [p0029]
☐ Other: _____

History: (Including vaccination dates/types, Comments, Previous Testing, Treatments): _____

_____

Has this animal received antibiotic treatment: ☐ No ☐ Yes, Specify: _____

(For Lab Use) Lab Comments:

Payment received: $_____ ☐ CC ☐ Check (#_____)