



Newport Laboratories
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PLEASE FILL OUT FORM COMPLETELY

BOVINE DIAGNOSTIC REQUEST FORM

Date Samples Collected _____	Producer _____
DVM _____	Site/Pasture _____
Clinic _____	Site Address _____
Address _____	City, State, Zip _____
City, State, Zip _____	Phone _____
Phone _____ Fax _____	Species _____ Breed _____
DVM Email _____	Age _____ Weight _____
Clinic Email _____	Herd Size _____ # Affected _____

Specimens

Newport Labs cannot accept samples from rabies suspects or from premises known to be infected with any reportable diseases

Brain	Colon	Feces	Heart	Intestine	Kidney	Liver	Lung	Lymph Node
Milk	Spleen	Trachea	Other					
Swab	Swab origin:			* Plate/Slant		Origin:		
				*only complete for isolates		Date of Isolation:		

History, Clinical Signs & Gross Lesions (check one)

Pinkeye Pneumonia Diarrhea Sudden Death CNS

Please provide details:

Test Requests

Note: Samples pooled for Mycoplasma & viral testing to reduce cost unless otherwise noted

Check here to leave testing to discretion of the Diagnostician

Respiratory

Aerobic Culture
 Anaerobic Culture
 Antibiotic Sensitivity
 Mycoplasma Culture
 Viral Multiplex PCR
 Virus Isolation (if PCR +)

Pinkeye

Aerobic Culture
 Mycoplasma Triplex PCR
 Mycoplasma Culture (if PCR +)

Other

Identify Isolate (plate, slant, broth)

 Histopathology (sent to reference lab)

 Sequencing

Enteric

Aerobic Culture
 Anaerobic Culture
 Salmonella Enrichment
 Antibiotic Sensitivity
 Cryptosporidiosis Smear
 Fecal Float
 Coronavirus PCR
 Rotavirus PCR (A & C)
 Viral Multiplex PCR
 Virus Isolation (if PCR +)

Optional Pinkeye Tests

Antibiotic Sensitivity
 Viral Multiplex PCR
 Virus Isolation (if PCR +)

Milk

Individual Milk Culture
 Antibiotic Sensitivity
 Mycoplasma Culture
 Prototheca Culture
 Bulk Tank Culture

For Lab Use Only

Case #:	Date Rec'd:	Courier:	Technician:
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