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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 aBrucellosis, TWE, TB or Q Fever

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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