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PLEASE FILL OUT FORM
 COMPLETELY

CERVIDAE AND OTHER SPECIES DIAGNOSTIC REQUEST FORM

| | | | |
|------------------------|-----------------|-----------------------------|------------------------|
| Date Samples Collected | _____ | Producer | _____ |
| DVM | _____ | Site | _____ |
| Clinic | _____ | Site Address | _____ |
| Address | _____ | City, State, Zip | _____ |
| City, State, Zip | _____ | Phone | _____ |
| Phone | _____ Fax _____ | Species | _____ Group Size _____ |
| DVM Email | _____ | Age/Weight | _____ # Affected _____ |
| Clinic Email | _____ | CWD Free Certification Date | _____ |

Specimens *Newport Labs cannot accept samples from rabies suspects or from premises known to be infected with Brucellosis, TWE, TB or Q Fever*

| | | | | | | | |
|--------------------------------------|--------------|---------|---------|-----------------------------|--------|--------------------|------------|
| Brain | Colon | Feces | Heart | Intestine | Kidney | Liver | Lymph Node |
| Lung | Spleen | Trachea | S Other | | | | |
| Swab | Swab origin: | | | * Plate/Slant | | Origin: | |
| *Please do not submit whole animals* | | | | *only complete for isolates | | Date of Isolation: | |

History, Clinical Signs & Gross Lesions (check one)

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

Bacteriology

- Aerobic Culture
- Anaerobic Culture
- Antibiotic Sensitivity
- Salmonella Enrichment
- Cryptosporidiosis Smear
- Fecal Float

Viral

- EHDV/BTV Multiplex Detection PCR
- Virus Isolation (if PCR +)

For Lab Use Only

Mycoplasma

- Mycoplasma Detection PCR
- Mycoplasma Culture

Other

- Identify Isolate (plate, slant, broth)
- Histopathology (sent to reference lab)
- Sequencing

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