



DIAGNOSTICS
LSU SCHOOL OF VETERINARY MEDICINE

Louisiana Animal Disease Diagnostic Laboratory

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Lab Use Only

LABEL

www.laddl.org

CLIENT INFORMATION

LADDL Account # _____
Veterinarian: _____
Clinic Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **Fax:** _____
Email: _____

Web access for results is available to web portal clients.

Billing: ☐ Veterinarian ☐ Clinic ☐ Owner
Report to: ☐ Veterinarian ☐ Clinic ☐ Owner
Method: ☐ Email ☐ Fax ☐ Mail (\$3 fee)

Owner: _____
Farm: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____
Email: _____

Submission of specimens by your veterinarian is recommended.
Payment is due upon submission. Clinic billing requires consent.

Submitter (required): _____
For additional reporting, please include recipient fax or email here: _____

ANIMAL INFORMATION (Sex = M, F, MC, FS)

NO.	NAME/IDENTIFIER	*PATIENT ZIP CODE*	SPECIES/BREED	SEX	AGE/DOB	PRIOR DL# (if applicable)
1						
2						
3						
4						
5						

HISTORY (Please include clinical signs, vaccinations, treatments, nutrition, duration, previous submissions for animal(s) above.)

No. of animals in this submission: _____ No. of dead animals: _____ Date of death: _____ Euthanized: Yes _____ No _____

SPECIMENS SUBMITTED *How were tissues preserved?* ☐ Fresh ☐ Fixed ☐ Frozen

☐ Whole Body	☐ Spleen	☐ Whole Blood/EDTA	☐ Water
☐ Fetus/Placenta	☐ Kidney	☐ Serum	☐ Trans Tracheal Wash
☐ Head	☐ Heart	☐ Plasma	☐ Smear (specify): _____
☐ Brain	☐ Lymph	☐ Feces	☐ Other: _____
☐ Lung	☐ Stomach Contents	☐ Urine	
☐ Liver	☐ Aqueous/Ocular Fluid	☐ Ear	

Date Collected: _____

LAB USE ONLY

☐ FedEx	☐ USPS	☐ Good	☐ Cold Pack	ACCESSIONED BY: _____ Comments: _____ Routed: BAC CP MD(TRICH) PAR SER TOX VIR
☐ UPS	☐ Drop Off	☐ Broken	☐ Frozen	
☐ Courier	☐ NOLA Courier	☐ Leaked	☐ Thawed	

All samples and specimens submitted for testing become the property of LSU Diagnostics and WILL NOT leave the laboratory unless specific arrangements are made and approved by management. Privileged information regarding patients and clients will not be released without the owner's consent, unless required by law. All samples and accompanying documentation may be tested as part of a state or federal program, utilized for research and educational purposes, and/or development of new assays.

BACTERIOLOGY

SAMPLE SOURCE (Required): _____

If **urine**, please specify:

☐ Cath ☐ Voided ☐ Cysto

- ☐ Acid Fast Stain
☐ Aerobic Culture ☐ Susceptibility
☐ Anaerobic Culture
☐ Campylobacter Culture
☐ Dermatophyte (DTM) Culture
☐ Fungal Culture
☐ Gram Stain
☐ Mycobacterial Culture
☐ Mycoplasma Culture
☐ Salmonella Culture ☐ Susceptibility

Other: _____

CLINICAL PATHOLOGY

- ☐ Bile Acids ☐ Fasting ☐ Postprandial
☐ Bone Marrow Biopsy Evaluation
☐ Bone Marrow Cytology
☐ CBC
☐ Mammalian ☐ Non-Mammalian
☐ Chemistry Panel
☐ Lg. Animal ☐ Sm. Animal ☐ Non-Mammal
☐ Cytology/Fluid Analysis
☐ Urinalysis
☐ Urine Protein/Creatinine (Sm. Animal)
☐ Other: _____

TOXICOLOGY

- ☐ Anticoagulant Screen
☐ Aluminum ☐ Arsenic
☐ Bromide ☐ Cadmium
☐ Chromium ☐ Cobalt
☐ Copper ☐ Iron
☐ Lead ☐ Selenium
☐ Zinc
☐ Nitrate, Screen
☐ Fly Test/insecticides
☐ Phenobarbital Single Sample
☐ Other: _____

MOLECULAR DIAGNOSTICS (PCR)

- Anaplasma ☐ marginale ☐ platys
☐ Bartonella henselae
☐ Bluetongue Virus (BTV)
☐ Bovine Leukemia Virus (BLV)
☐ Bovine Respiratory Syncytial Virus (BRSV)
☐ Bovine Viral Diarrhea Virus (BVDV)
☐ Canine Herpesvirus (CHV)
☐ Canine Distemper (CDV)
☐ Canine Respiratory Disease Panel
☐ Chlamydia psittaci
☐ Eastern Equine Encephalitis (EEE)
☐ Ehrlichia canis
☐ Equine Respiratory Disease Panel I
☐ Epizootic hemorrhagic disease virus (EHD)
☐ Feline Respiratory Disease Panel
Herpesvirus ☐ EHV-1 ☐ EHV-4 ☐ FHV
☐ Infectious Bovine Rhinotracheitis (IBR)/Bovine Herpesvirus-1 (BHV-1)
☐ Infectious laryngotracheitis virus (ILT)
☐ Influenza A (Avian Influenza Matrix)
☐ Leptospira interrogans serovars (pathogenic)
Mycoplasma
☐ gall. ☐ synoviae ☐ bovis
☐ Rhodococcus equi
☐ Streptococcus equi equi (Strangles)
☐ Tritrichomonas foetus
☐ Red top-refrigerated smegma in PBS
☐ Incubated-frozen pouch/transit tube
☐ Non-incubated-ambient pouch/transit tube
☐ West Nile Virus (WNV)
☐ Other: _____

VIROLOGY

- ☐ Rabies Fluorescent Antibody (FA)

Other Requests:

Test Code	Test Name

PARASITOLOGY

- ☐ Baermann
☐ Cryptosporidium (ELISA)
☐ Cryptosporidium Screen
☐ Fecal Occult Blood
☐ Fecal Sedimentation
☐ Fecal Wet Mount (Direct Smear)
☐ Giardia Antigen ELISA
☐ Giardia Screen (Flotation, Wet Mount, Antigen ELISA)
☐ Heartworm Antigen ELISA (Canine Only)
☐ Heartworm Antigen ELISA Heat Treatment (Canine Only)
☐ Heartworm Panel (Knott's and Antigen ELISA)
☐ McMaster (Modified) Fecal Egg Count
☐ Modified Knott's
☐ Qualitative Fecal Flotation (Small An.)
☐ Quantitative Fecal Flotation (Large An.)
☐ Saline Sedimentation (Heterobilharzia sp.)
☐ Tritrichomonas foetus Culture, BOVINE

Other: _____

SEROLOGY

- ☐ Antinuclear Antibody IFA
☐ Babesia canis IFA
☐ Borrelia burgdorferi (IFA)- Lyme Dis.
☐ Brucella abortus (RB agglutination)
☐ Brucella canis (IFA)
☐ Canine Anemia Panel
☐ Canine Distemper Virus IgG (IFA)
☐ Canine Fever of Unknown Origin Antibody Profile
☐ Canine Lameness Antibody Panel
☐ Canine Lameness Panel w/ Coombs
☐ Canine Parvovirus Antibody IgG (IFA)
☐ Canine Tick-Borne Disease Panel
☐ Clostridioides difficile Toxin (ELISA)
☐ Clostridium perfringens Enterotoxaemia (ELISA)
Direct Coombs (EDTA) ☐ K9 ☐ Fel ☐ Eq
☐ Ehrlichia canis IgG (IFA)
☐ Feline Infectious Peritonitis-FIP (IFA)
☐ Leptospira Antibodies 6 MAT
☐ Rickettsia rickettsii, Rocky Mountain Spotted Fever IgG (IFA)
☐ Toxoplasma gondii IgG (IFA)
☐ WNV and EEE IgM ELISA Panel
☐ Other: _____