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CERVIDAE AND OTHER SPECIES DIAGNOSTIC REQUEST FORM

Date: _____
 Veterinarian: _____ Producer: _____
 Clinic: _____ Site/Barn: _____
 Address: _____ Address: _____
 City, State Zip: _____ City, State Zip: _____
 Phone: _____ Fax: _____ Species: _____
 E-mail: _____ Age/Lbs: _____
 Tentative Diagnosis: _____

History & Clinical Signs: (Diarrhea, pneumoniae, CNS, post mortem findings, etc.)

Tissues Submitted:

Include number of each if applicable.

Blood Sample _____
 Brain _____
 Lung _____
 Heart _____
 Liver _____
 Kidney _____
 Spleen _____
 Lymph Node _____
 Intestine _____
 Colon _____
 Feces _____
 Other _____
 Milk _____
 Bulk Tank _____
 Plate/Slant _____
 Origin _____
 Isolation Date _____
 Swab Origin _____
 No. Submitted _____
 Other _____
 Save Isolates

Yes No

Examination Requests

Leave to the discretion of Diagnostician.

_____ Aerobic Culture
 _____ Anaerobic Culture
 _____ Antibiotic Sensitivity
 _____ Fusobacterium Speciation
 _____ Histology
 Fixed Tissue Sent
 _____ EHDV/BTV Multiplex Detection PCR
 _____ EHDV Virus Isolation
 _____ EHDV Subtyping PCR for Types 1 & 2
 _____ EHDV Sequencing
 _____ BTV Virus Isolation

Other Instructions _____

Case No.	Date Rec'd	Courier:	Technician:
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PCR service is performed pursuant to an agreement with Roche Molecular Systems, Inc.