



A Boehringer Ingelheim Company

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## CERVIDAE AND OTHER SPECIES DIAGNOSTIC REQUEST FORM

Date: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Producer: \_\_\_\_\_

Clinic: \_\_\_\_\_ Site/Barn: \_\_\_\_\_

Address: \_\_\_\_\_ Site Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Species: \_\_\_\_\_

E-mail: \_\_\_\_\_ Age/Lbs: \_\_\_\_\_ Herd Size: \_\_\_\_\_

Tentative Diagnosis: \_\_\_\_\_ CWD Free Certification Date \_\_\_\_\_

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

**\*Newport Labs cannot accept samples from Rabies suspects or from premises known to be infected with the following: Brucellosis, TSE, Tuberculosis and/or Q Fever\***

### Tissues Submitted:

Include number of each if applicable.

Blood sample \_\_\_\_\_

Brain \_\_\_\_\_

Lung \_\_\_\_\_

Heart \_\_\_\_\_

Liver \_\_\_\_\_

Kidney \_\_\_\_\_

Lymph Node \_\_\_\_\_

Intestine \_\_\_\_\_

Colon \_\_\_\_\_

Feces \_\_\_\_\_

Other \_\_\_\_\_

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 PCR

\_\_\_\_\_ Clostridium perfringens Typing PCR

\_\_\_\_\_ EHDV/BTV Multiplex Detection PCR

\_\_\_\_\_ EHDV Virus Isolation

\_\_\_\_\_ EHDV Full Genome Sequencing

\_\_\_\_\_ BTV Virus Isolation

\_\_\_\_\_ BTV Sequencing

\_\_\_\_\_ Fecal Exam

\_\_\_\_\_ Mycoplasma Detection PCR

\_\_\_\_\_ Mycoplasma Culture

\_\_\_\_\_ Histology

Fixed tissue sent

Other Instructions: \_\_\_\_\_

Case #

Date Rec'd

Courier

Technician

PCR service is performed pursuant to an agreement with Roche Molecular Systems, Inc.