



**Newport Laboratories** 800.220.2522  
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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 any reportable diseases\*

Brain	Colon	Feces	Heart	Intestine	Kidney	Liver	Lung	Lymph Node
Milk	Spleen	Trachea	Other					
Swab	Swab origin:			Plate/Slant	Origin:	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

**Pinkeye**

Aerobic Culture  
 Antibiotic Sensitivity  
 Mycoplasma Triplex PCR  
 Mycoplasma Culture (if PCR +)  
 Viral Multiplex PCR  
 Virus Isolation (If PCR +)

**Respiratory**

Aerobic Culture  
 Anaerobic Culture  
 Antibiotic Sensitivity  
 Mycoplasma Culture  
 Viral Multiplex PCR  
 Virus Isolation (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 +)

**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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