

Veterinary Diagnostic Laboratory

UNIVERSITY OF MINNESOTA

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Web site access/results:

www.vdl.umn.edu

MDH Office
Use Only

Companion Animal – Sample Submission Form

PLEASE COMPLETE ALL FIELDS AND PRINT LEGIBLY

Responsible for payment:

☐ Referring veterinarian – Authorized by: _____ Ph: _____

☐ Owner – Payment is required at drop-off (prior to services being rendered)

☐ VMC chart string for billing

Referring Veterinarian*

Veterinarian: _____

Clinic: _____

Address: _____

City, State, Zip: _____

Phone: _____

Owner/Producer

Name: _____

Address: _____

City, State, Zip: _____

County: _____

Phone: _____

Email: _____

Fax: _____

* Results will be sent here unless otherwise noted

☐ Email: _____

OR

☐ Fax: _____

Specimen delivered by: _____

Date: _____

VDL Office
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Payment at drop-off

☐ Cash ☐ Check

☐ Credit

Payment Rec'd \$ _____

Patient Information

Animal ID: _____

Case/Reference #: _____

Species: _____

Breed: _____

Age: _____ ☐ Day ☐ Wk ☐ Mo ☐ Yr

Sex: ☐ Intact male ☐ Intact Female ☐ Unknown

☐ Neutered male ☐ Spayed female

Date samples collected: _____

Specimen(s) Submitted – Check all that apply

☐ Standard surgical biopsy (in formalin)

☐ Feces

☐ Large, unfixed specimen (e.g. limb, spleen)

☐ Semen

☐ Tissues (not surgical biopsy)

☐ Swab: _____

☐ Blood, whole

☐ Feed

☐ Serum

☐ Glass slide

☐ Urine

☐ Paraffin block

☐ Urolith (Culture - includes one
Susceptibility)*

☐ Other: _____

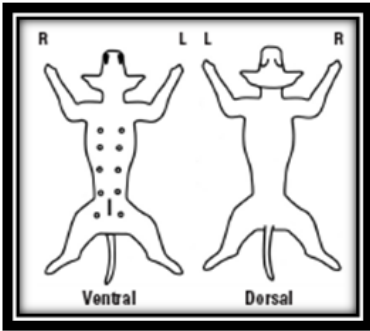
* For Urolith Quantitative Mineral Analysis please visit urolithcenter.org for instructions

Narrative History

Provide a concise summary of the clinical history, including: clinical signs, results of associated diagnostic tests, treatment history, and working clinical diagnosis or differential diagnoses.

Note: The MVDL reserves the right to subcontract any work required to complete testing of any and all submissions. Any subcontracted work will be identified on the laboratory report.

Surgical Pathology



Indicate skin lesion site on above drawing

Location: _____

Size and shape: _____

Color, texture, and presence of capsule: _____

Growth pattern (expansile, invasive, pedunculated, etc) _____

Duration: _____ Rate of growth: _____

Evidence of hemorrhage, necrosis, or suppuration: _____

History of recurrence: _____ Previous case #: _____

Laboratory Procedures Requested (Please call the VDL or visit the website for the current pricing and listing of all available tests.)

☐ General Fecal Exam

For a list of tests that are included in the General Fecal Exam by species (canine, feline, equine, etc.), please visit the website at:

Canine/Feline: <https://vdl.umn.edu/tests-fees/general-exam-feces-caninefeline>

Equine: <https://vdl.umn.edu/tests-fees/general-exam-feces-equine>

Non-human Primates: <https://vdl.umn.edu/tests-fees/general-exam-feces-non-human-primates>

Zoo/Exotic/Wildlife: <https://vdl.umn.edu/tests-fees/general-exam-feces-zooexoticwildlife>

☐ Bacteriology/Mycology

List suspected pathogens: _____

☐ Aerobic culture ☐ Susceptibility ☐ Anaerobic culture ☐ Fungal culture ☐ _____

☐ Histology*

☐ Routine H&E ☐ Special stains: _____

☐ Pathologist consultation (additional fees apply)

* Microscopic examination of tissue samples (e.g. punch biopsy, excision biopsy, FFPE, etc.)

☐ Immunohistochemistry

☐ Marker/agent/antigen: _____

☐ Pathologist interpretation for requested marker (additional fees apply)

☐ Parasitology

List suspected pathogens: _____

☐ Fecal flotation ☐ Crypto/Giardia IFA ☐ Baermann test
☐ Quantitative Fecal Exam (Egg Count) ☐ _____

☐ Serology

☐ *Borrelia burgdorferi* (IFA) ☐ *Brucella canis* (tube agglut.)

☐ Leptospirosis (MAT) ☐ _____

☐ Virology

☐ Virus isolation - virus name(s): _____

☐ Miscellaneous

Note: For supplies, including mailing cartons, contact the lab directly.