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