



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 _____

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

Save Isolates

☐ Yes ☐ No

Other Instructions: _____

Case #

Date Rec'd

Courier

Technician

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