



**DIAGNOSTICS**  
LSU SCHOOL OF VETERINARY MEDICINE

**Louisiana Animal Disease Diagnostic Laboratory**

LSU, River Road, Room 1043  
Baton Rouge, LA 70803  
Email: lsudx@lsu.edu  
Phone: (225)578-9777

Lab Use Only

**LABEL**

www.laddl.org

**CLIENT INFORMATION**

**LADDL Account #** \_\_\_\_\_  
**Veterinarian:** \_\_\_\_\_  
**Clinic Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

Web access for results is available to web portal clients.

**Billing:** ☐ Veterinarian ☐ Clinic ☐ Owner  
**Report to:** ☐ Veterinarian ☐ Clinic ☐ Owner  
**Method:** ☐ Email ☐ Fax ☐ Mail (\$3 fee)

**Owner:** \_\_\_\_\_  
**Farm:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Submission of specimens by your veterinarian is recommended.**  
**Payment is due upon submission. Clinic billing requires consent.**

**Submitter (required):** \_\_\_\_\_  
**For additional reporting, please include recipient fax or email here:** \_\_\_\_\_

**ANIMAL INFORMATION (Sex = M, F, MC, FS)**

NO.	NAME/IDENTIFIER	*PATIENT ZIP CODE*	SPECIES/BREED	SEX	AGE/DOB	PRIOR DL# (if applicable)
1						
2						
3						
4						
5						

**HISTORY** (Please include clinical signs, vaccinations, treatments, nutrition, duration, previous submissions for animal(s) above.)

No. of animals in this submission: \_\_\_\_\_ No. of dead animals: \_\_\_\_\_ Date of death: \_\_\_\_\_ Euthanized: Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIMENS SUBMITTED** *How were tissues preserved?* ☐ Fresh ☐ Fixed ☐ Frozen

<input type="checkbox"/> Whole Body	<input type="checkbox"/> Spleen	<input type="checkbox"/> Whole Blood/EDTA	<input type="checkbox"/> Water
<input type="checkbox"/> Fetus/Placenta	<input type="checkbox"/> Kidney	<input type="checkbox"/> Serum	<input type="checkbox"/> Trans Tracheal Wash
<input type="checkbox"/> Head	<input type="checkbox"/> Heart	<input type="checkbox"/> Plasma	<input type="checkbox"/> Smear (specify): _____
<input type="checkbox"/> Brain	<input type="checkbox"/> Lymph	<input type="checkbox"/> Feces	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Lung	<input type="checkbox"/> Stomach Contents	<input type="checkbox"/> Urine	
<input type="checkbox"/> Liver	<input type="checkbox"/> Aqueous/Ocular Fluid	<input type="checkbox"/> Ear	

**Date Collected:** \_\_\_\_\_

**LAB USE ONLY**

<input type="checkbox"/> FedEx	<input type="checkbox"/> USPS	<input type="checkbox"/> Good	<input type="checkbox"/> Cold Pack	<b>ACCESSIONED BY:</b> _____ Comments: _____ Routed: BAC CP MD(TRICH) PAR SER TOX VIR
<input type="checkbox"/> UPS	<input type="checkbox"/> Drop Off	<input type="checkbox"/> Broken	<input type="checkbox"/> Frozen	
<input type="checkbox"/> Courier	<input type="checkbox"/> NOLA Courier	<input type="checkbox"/> Leaked	<input type="checkbox"/> Thawed	

All samples and specimens submitted for testing become the property of LSU Diagnostics and WILL NOT leave the laboratory unless specific arrangements are made and approved by management. Privileged information regarding patients and clients will not be released without the owner's consent, unless required by law. All samples and accompanying documentation may be tested as part of a state or federal program, utilized for research and educational purposes, and/or development of new assays.

## BACTERIOLOGY

SAMPLE SOURCE (Required): \_\_\_\_\_

If **urine**, please specify:

☐ Cath ☐ Voided ☐ Cysto

- ☐ Acid Fast Stain  
☐ Aerobic Culture ☐ Susceptibility  
☐ Anaerobic Culture  
☐ Campylobacter Culture  
☐ Dermatophyte (DTM) Culture  
☐ Fungal Culture  
☐ Gram Stain  
☐ Mycobacterial Culture  
☐ Mycoplasma Culture  
☐ Salmonella Culture ☐ Susceptibility

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

## CLINICAL PATHOLOGY

- ☐ Bile Acids ☐ Fasting ☐ Postprandial  
☐ Bone Marrow Biopsy Evaluation  
☐ Bone Marrow Cytology  
☐ CBC  
☐ Mammalian ☐ Non-Mammalian  
☐ Chemistry Panel  
☐ Lg. Animal ☐ Sm. Animal ☐ Non-Mammal  
☐ Cytology/Fluid Analysis  
☐ Urinalysis  
☐ Urine Protein/Creatinine (Sm. Animal)  
☐ Other: \_\_\_\_\_

## TOXICOLOGY

- ☐ Anticoagulant Screen  
☐ Aluminum ☐ Arsenic  
☐ Bromide ☐ Cadmium  
☐ Chromium ☐ Cobalt  
☐ Copper ☐ Iron  
☐ Lead ☐ Selenium  
☐ Zinc  
☐ Nitrate, Screen  
☐ Fly Test/insecticides  
☐ Phenobarbital Single Sample  
☐ Other: \_\_\_\_\_

## MOLECULAR DIAGNOSTICS (PCR)

- Anaplasma ☐ marginale ☐ platys  
☐ Bartonella henselae  
☐ Bluetongue Virus (BTV)  
☐ Bovine Leukemia Virus (BLV)  
☐ Bovine Respiratory Syncytial Virus (BRSV)  
☐ Bovine Viral Diarrhea Virus (BVDV)  
☐ Canine Herpesvirus (CHV)  
☐ Canine Distemper (CDV)  
☐ Canine Respiratory Disease Panel  
☐ Chlamydia psittaci  
☐ Eastern Equine Encephalitis (EEE)  
☐ Ehrlichia canis  
☐ Equine Respiratory Disease Panel I  
☐ Epizootic hemorrhagic disease virus (EHD)  
☐ Feline Respiratory Disease Panel  
Herpesvirus ☐ EHV-1 ☐ EHV-4 ☐ FHV  
☐ Infectious Bovine Rhinotracheitis (IBR)/Bovine Herpesvirus-1 (BHV-1)  
☐ Infectious laryngotracheitis virus (ILT)  
☐ Influenza A (Avian Influenza Matrix)  
☐ Leptospira interrogans serovars (pathogenic)  
Mycoplasma  
☐ gall. ☐ synoviae ☐ bovis  
☐ Rhodococcus equi  
☐ Streptococcus equi equi (Strangles)  
☐ Tritrichomonas foetus  
☐ Red top-refrigerated smegma in PBS  
☐ Incubated-frozen pouch/transit tube  
☐ Non-incubated-ambient pouch/transit tube  
☐ West Nile Virus (WNV)  
☐ Other: \_\_\_\_\_

## VIROLOGY

- ☐ Rabies Fluorescent Antibody (FA)

### Other Requests:

Test Code	Test Name

## PARASITOLOGY

- ☐ Baermann  
☐ Cryptosporidium (ELISA)  
☐ Cryptosporidium Screen  
☐ Fecal Occult Blood  
☐ Fecal Sedimentation  
☐ Fecal Wet Mount (Direct Smear)  
☐ Giardia Antigen ELISA  
☐ Giardia Screen (Flotation, Wet Mount, Antigen ELISA)  
☐ Heartworm Antigen ELISA (K9, feline)  
☐ Heartworm Antigen ELISA Heat Treatment (Canine, feline)  
☐ Heartworm Panel (Knott's and Antigen ELISA)  
☐ McMaster (Modified) Fecal Egg Count  
☐ Modified Knott's  
☐ Qualitative Fecal Flotation (Small An.)  
☐ Quantitative Fecal Flotation (Large An.)  
☐ Saline Sedimentation (Heterobilharzia sp.)  
☐ Tritrichomonas foetus Culture, BOVINE

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

## SEROLOGY

- ☐ Antinuclear Antibody IFA  
☐ Babesia canis IFA  
☐ Borrelia burgdorferi (IFA)- Lyme Dis.  
☐ Brucella abortus (RB agglutination)  
☐ Brucella canis (IFA)  
☐ Canine Anemia Panel  
☐ Canine Distemper Virus IgG (IFA)  
☐ Canine Fever of Unknown Origin Antibody Profile  
☐ Canine Lameness Antibody Panel  
☐ Canine Lameness Panel w/ Coombs  
☐ Canine Parvovirus Antibody IgG (IFA)  
☐ Canine Tick-Borne Disease Panel  
☐ Clostridioides difficile Toxin (ELISA)  
☐ Clostridium perfringens Enterotoxaemia (ELISA)  
Direct Coombs (EDTA) ☐ K9 ☐ Fel ☐ Eq  
☐ Ehrlichia canis IgG (IFA)  
☐ Feline Infectious Peritonitis-FIP (IFA)  
☐ Leptospira Antibodies 6 MAT  
☐ Rickettsia rickettsii, Rocky Mountain Spotted Fever IgG (IFA)  
☐ Toxoplasma gondii IgG (IFA)  
☐ WNV and EEE IgM ELISA Panel  
☐ Other: \_\_\_\_\_