



1524 Prairie Drive
Worthington, MN 56187

800-220-2522 • 507-372-7779

www.newportlabs.com

Lab Fax: 507-372-4788
Admin Fax: 507-372-2565

BOVINE DIAGNOSTIC REQUEST FORM

Date: _____
 Veterinarian: _____ Producer: _____
 Clinic: _____ Site: _____
 Address: _____ Address: _____
 City, State Zip: _____ City, State Zip: _____
 Phone: _____ Fax: _____ Species: _____
 E-mail: _____ Age/Lbs: _____

Tentative Diagnosis: _____

History & Clinical Signs: (Diarrhea, pneumonia, CNS, post mortem findings, etc.)

Tissues Submitted:

Include number of each if applicable.

Blood Sample _____
 Brain _____
 Lung _____
 Heart _____
 Liver _____
 Kidney _____
 Spleen _____
 Lymph Node _____
 Intestine _____
 Colon _____
 Feces _____
 Other _____
 Milk _____
 Bulk Tank _____
 Plate/Slant _____
 Origin _____
 Isolation Date _____
 Swab Origin _____
 No. Submitted _____

_____ Aerobic Culture
 _____ Anaerobic Culture
 _____ *C. difficile* Culture
 _____ Antibiotic Sensitivity
 _____ Mycoplasma Culture
 _____ Bovine Corona Virus (BCV) VI
 _____ Bovine Respiratory Syncytial Virus (BRSV) VI
 _____ Bovine Viral Diarrhea Virus (BVDV) VI
 _____ Bovine Herpes Virus 1 (BHV1) VI
 _____ Bovine Parainfluenza Type 3 Virus (PI3) VI
 _____ Rotavirus VI
 _____ Crypto Smear
 _____ Fecal Exam

Examination Requests

Leave to the discretion of Diagnostician.

PCR Tests

_____ BCV PCR
 _____ Bluetongue Virus Detection PCR
 _____ BVDV/BHV1/BRSV Multiplex PCR
 _____ BVDV Sequencing
 _____ *C. perf* Toxin Gene Typing
 _____ *E. coli* Adhesin Genes
 _____ *E. coli* Pilin Genes
 _____ *E. coli* Toxin Genes
 _____ *Fusobacterium necrophorum* Subspeciation
 _____ Genotyping
 _____ *M. haem* Leukotoxin Gene
 _____ Moraxella Speciation PCR
 _____ *M. bovis* Fingerprinting
 _____ Mycoplasma Multiplex Detection (*bovis, bovoculi*)
 _____ Mycoplasma Speciation
 _____ PI3 PCR
 _____ Rotavirus Types A & C PCR
 _____ Rotavirus Sequencing

Other _____
 Save Isolates Yes No

Other Instructions _____

Case No.	Date Rec'd	Courier:	Technician:
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PCR service is performed pursuant to an agreement with Roche Molecular Systems, Inc.