TDA Labs

Mailing/Physical Address: **Phone: 970.351.8102**
8215 W. 20th St., Unit A
Greeley, CO 80634 **Fax: 970.351.8134**
Email: Tech@DairyMD.com

Date Sample Received _____
Opened By _____
Check # _____$ _____

$15 Materials/Consumables Fee for CAE, Milk Pregnancy and Neospora (waived if 10 or more samples per test)

Submission Form

Note: This is a 3-page form. Please fill out all pages completely and legibly.

Owner/Contact Name: _____
Business: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Fax: _____ Submitter: ☐
Email: _____

Clinic/Veterinarian: _____
Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Fax: _____ Submitter: ☐
Email: _____

Person to be Billed: ☐ Owner/Producer ☐ Veterinarian **Report Results to:** ☐ Owner/Producer ☐ Veterinarian

Submitter: ☐ Owner/Producer ☐ Veterinarian **Send Results by :** ☐ Fax ☐ Phone ☐ Email ☐ Mail

Species: ☐ Bovine ☐ Canine ☐ Feline ☐ Caprine ☐ Ovine ☐ Camelid ☐ Other (specify) _____

Specimen(s) Submitted: (Frozen whole blood **cannot** be used to test for BVD and Johne's.
Care should be taken to prevent freezing during shipping.)

☐ Whole Blood ☐ Serum ☐ Milk ☐ Urine ☐ Feces ☐ Semen ☐ Fetus ☐ Water ☐ Tissue (specify) _____
☐ Culture plate/Isolate ☐ Feed (specify) _____ Swab (specify) _____ ☐ Other (specify) _____

For multiple animal submissions, use 'Multiple Animal Identification Sheet'

Animal Identification	Species	Breed	Sex	Age	Collection Date

History (include clinical signs, differential diagnoses, antibiotic use, vaccine history, duration, number of animals affected, etc.) If more space is needed, please attach an additional page.

_____

_____

_____

For Lab Use Only

COOLANT RECORD ☐ Frozen ☐ Dry Ice ☐ Cold Pack ☐ None ☐ Comment _____

SAMPLE CONDITION ☐ Good ☐ Broken ☐ Leaked ☐ Warm ☐ Frozen ☐ Other _____

SHIPPING INFORMATION ☐ Mail ☐ FedEx ☐ Express Mail ☐ UPS ☐ Courier ☐ Hand Delivered

Contact Name _____

Bacteriology

☐ Aerobic Culture - Sample Type: _____
☐ Anaerobic Culture (Clostridium) - Sample Type: _____
☐ Antibiotic Susceptibility: ☐ If special requests: _____
☐ Urine Culture - Method of Collection: ☐ Cysto ☐ Catheter ☐ Free Catch ☐ Other: _____
☐ Bedding Culture
☐ Bedding Culture with Mycoplasma
Fecal Culture: ☐ Aerobic ☐ Anaerobic (Clostridium)
Johne's: ☐ Milk/Serum - ELISA
☐ Direct Fecal – PCR
Mycoplasma typing: ☐ Mycoplasma ☐ Acholeplasma
☐ Salmonella
☐ Tissue Culture: Type/Location _____
Method of Collection _____
☐ Towel Culture
☐ Water Culture

Milk Culture:
☐ Bacteria only
☐ Bacteria & Mycoplasma
☐ Contagious Only (Staph aureus, Strep ag., Mycoplasma)
☐ Mycoplasma Only
☐ Mycoplasma Direct PCR
Tank or String Sample:
☐ Full Tank ☐ Contagions Only ☐ Mycoplasma Only
Milk Quality:
Unpilled: ☐ SPC ☐ PI ☐ LPC ☐ Coliform Count ☐ Listeria
☐ Salmonella ☐ Campylobacter ☐ E.coli O157
Can be pilled: ☐ SCC ☐ Fat ☐ Protein ☐ MUN ☐ Total Solids

Parasitology

☐ Cryptosporidium
☐ Fecal Float
☐ Fecal Virus Scan

☐ Small Animal Fecal Screen (Fecal Float, Direct Smear, Culture)
☐ Neospora ELISA (+$15 if <10 Samples)
☐ Trich Testing (InPouch)

Serology

☐ Pregnancy Test - Blood (Cattle)
Preference if any: _____
☐ Pregnancy Test - Blood (Goat/Sheep)
☐ Pregnancy Test - Milk (Cattle) (+$15 if <10 Samples)
☐ Pregnancy Test - Milk (Goat/Sheep) (+$15 if <10 Samples)
☐ Abortion Screens ELISA (BVDv, Neospora)

☐ BHBA
☐ NEFA
☐ Progesterone
☐ Total Blood Protein
Chemistry: ☐ Calcium ☐ Magnesium ☐ Potassium ☐ Phosphorus

Virology

☐ Bluetongue ELISA
☐ Bovine Leukemia Virus ELISA
CAE (Goats): ☐ ELISA

BVD: Bovine (Cattle): **ELISA:** ☐ Ear notch/serum ☐ Milk or
PCR: ☐ Ear notch/serum ☐ Milk
Camelids (Alpacas and Llamas): **PCR:** ☐ Serum/whole blood

Other

Antibiotic Residue Testing in Milk/Urine
(Test also used for potential slaughter animals):
Milk: Charm: ☐ Beta-lactam ☐ Tetracycline ☐ Sulfa
SNAP: ☐ Beta-lactam ☐ Tetracycline
Delvo: ☐ includes Beta-lactam, Tetracycline, and Sulfa
Urine: ☐ KIS

☐ A2 (B-Casein) Genotyping (Whole Blood)
☐ Teat Dip Effectiveness
☐ Percentage of Iodine
☐ Fecal Dry Matter
Stains: ☐ Gram ☐ Acid Fast
Dry Milk: ☐ Scorched Particle ☐ SPC ☐ Coliform ☐ Fat/Protein
Feed: ☐ NIR1 ☐ Plus Option ☐ Dry Matter ☐ Other _____

☐ Aflatoxin in Milk
☐ pH Analysis (type): _____
☐ Urinalysis (includes: Specific Gravity, Dip Stick and Sediment)

Additional Notes

Additional tests are available upon request—please inquire at the lab (970) 351-8102.

Client Name _____

Collection Date _____

	Animal ID	Species	Breed	Sex	Age
1					
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3					
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If more space is needed, please continue on and attach an additional page.