

**Wyoming State Veterinary Laboratory**

Department of Veterinary Sciences  
 University of Wyoming  
 1174 Snowy Range Road, Laramie, WY 82070  
 Phone: (307) 766-9925  
 In state WATS: 1-800-442-8331  
 Email: vetrec@uwyo.edu  
 www.uwyo.edu/wyovet



*For Lab Use Only*

Date: \_\_\_\_\_  
 Time: \_\_\_\_\_  
 Carrier: \_\_\_\_\_  
 Condition: W / C / F  
 Case Coordinator: \_\_\_\_\_

Supplies:  Whirl-paks  Biohazard Bags  Accessions  Multi-animal ID sheet  5-tube Mailer  Large Mailer  Slide Mailer

Veterinarian \_\_\_\_\_  
 Clinic \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_  
 Bill to:  Vet  Owner (Verified \_\_\_\_\_)  
 Forensic/Legal/Insurance Workup (extra charge)

Owner \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_  
 Date Samples Collected \_\_\_\_\_  
 Date Samples Shipped \_\_\_\_\_

#	Animal ID/Name	Species	Breed	Sex	Age	Weight	Specimen(s) Submitted

**ZOONOTIC AGENT SUSPECTED:** \_\_\_\_\_  
 Number in group/herd: \_\_\_\_\_ Number sick: \_\_\_\_\_ Number dead: \_\_\_\_\_ Duration of illness: \_\_\_\_\_  
 Died  Euthanized Disease(s) or condition(s) suspected: \_\_\_\_\_

**CLINICAL HISTORY-REQUIRED** (Clinical signs, vaccinations/treatments, nutritional info, herd health (continue on back)):

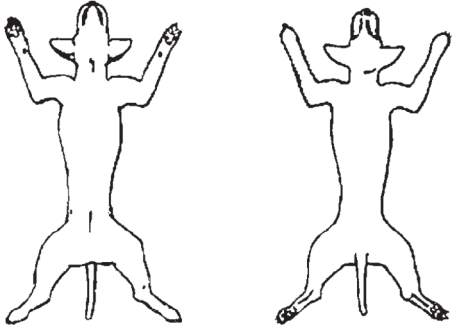
\_\_\_\_\_  
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 \_\_\_\_\_

**Specimens Received**

*For Lab Use Only*

Carcass \_\_\_\_\_ Live Animal \_\_\_\_\_ Fetus \_\_\_\_\_ Head \_\_\_\_\_ Fresh Tissue \_\_\_\_\_ Fixed Tissue \_\_\_\_\_ Swab \_\_\_\_\_ Fluid \_\_\_\_\_  
 PBS Ear Notch \_\_\_\_\_ Clotted Blood \_\_\_\_\_ Serum \_\_\_\_\_ Blood with Anticoagulant \_\_\_\_\_ Feces \_\_\_\_\_ Stained Slides \_\_\_\_\_  
 Unstained Slides \_\_\_\_\_ Culture Plate \_\_\_\_\_ Plant/Feed \_\_\_\_\_ Water \_\_\_\_\_ Hair \_\_\_\_\_ Other \_\_\_\_\_  
**Tube type:** RTT \_\_\_\_\_ SST \_\_\_\_\_ PTT \_\_\_\_\_ Plastic \_\_\_\_\_ Glass \_\_\_\_\_ Other \_\_\_\_\_

N H B V P R C D S G F T I

<p><b>Surgical Biopsy</b></p> <div style="display: flex; justify-content: space-around; align-items: center;">  </div>	<p><i>Clinical history continued.....(attach additional sheets if necessary).</i></p>
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**TEST(S) REQUESTED:** (if not specified, testing will be performed at laboratory's discretion)

**Laboratory's discretion**

**Only tests indicated below**

**Necropsy (whole carcass/live animal)**

Necropsy, histopathology & tests at pathologist's discretion       Necropsy only

**Veterinarian/Field Necropsy**

Tests at pathologist's discretion       Tests as indicated below

**Histopathology**

Routine       Immunohistochemistry (IHC) for: \_\_\_\_\_

**Bacteriology**

Aerobic Culture/ID     Anaerobic Culture/ID     Susceptibility     Fungal Culture  
 PCR for: \_\_\_\_\_     Other: \_\_\_\_\_

**Virology**

BVD:  Fresh Ear Notch (ELISA)     Fresh Ear Notch (PCR)     Serum (ELISA)  
 EM for: \_\_\_\_\_     PCR for: \_\_\_\_\_     Other: \_\_\_\_\_

**Parasitology**

T. foetus PCR     Fecal Float     Fecal egg/oocyst count     Strongylid ID/Coproculture     Giardia     Cryptosporidium     Neospora  
 Flukes     Occult Blood     Heartworm     Specimen ID     Toxoplasmosis     Other: \_\_\_\_\_

**Rabies**    Human exposure:    Y / N    Animal exposure:    Y / N    County: \_\_\_\_\_

**Clinical Pathology**

Serum Chemistry for: \_\_\_\_\_     CBC with Differential     Urinalysis     T3     T4     Progesterone  
 Testosterone     Other: \_\_\_\_\_

**Cytology**

Routine     Fluid Analysis

**Serology**

BVD I     BVD II     IBR     PI-3     BRSV     Lepto     Johne's     VS-CF     WNV     EHV-1  
 EVA     B. ovis     SRLV (OPP/CAE)     CDV     FeLV/FIV     Other: \_\_\_\_\_

**Regulatory Serology**

EIA     Brucella abortus     Bluetongue     Anaplasmosis     Brucella canis     Bovine leukosis     Piroplasmosis

**Toxicology**

For: \_\_\_\_\_

**WGFD**

CWD ELISA     RHDV2     Tularemia MAT     Other: \_\_\_\_\_

**Cremation**

CF-SYS-31. REV. 4/2/2024 2 OF 2

General (no ashes)     Private (w/ ashes)