



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

Additional Notes

Client Name _____

Collection Date _____

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