

VLS DIAGNOSTIC TESTING REQUEST FORM



Veterinary Laboratory Services

Cargo Business Park, Unit 5 -
56 Lavarack Ave, Eagle Farm QLD 4009
Ph: (07) 2140 3600
E: services@vetlabservices.com.au

Owner: _____

Address: _____

Phone: _____

Invoice to: _____

Email report to: _____

**Affix Lab number here
VLS USE ONLY**

Sample collection dates:

_____ to

Submitting Vet: _____

Vet Clinic: _____

Vet Clinic
Address: _____

Phone Number: _____

Email: _____

Sample collection time: _____

Number of samples submitted: _____

Species: _____

For protocol testing

Destination: _____

Project reference: _____

Testing Protocol

On farm

Quarantine

Diagnostic Testing Required

Please tick all that apply

- Akabane (AKA) Ab ELISA
- Anaplasma c-ELISA
- Bluetongue Virus (BTV) Ab c-ELISA
- Bovine Viral Diarrhoea Virus (BVDV) Ag ELISA
- Caprine Arthritis Encephalitis Virus (CAE) Ab ELISA
- Chlamydia abortus Ab ELISA
- Coxiella burnetii (Q Fever) Ab ELISA
- Enzootic Bovine Leukosis Virus (EBL) Ab ELISA
- Epizootic Haemorrhagic Disease (EHD) Ab ELISA
- Infectious Bovine Rhinotracheitis (IBR) Ab ELISA
- Johne's Disease (Mycobacterium paratuberculosis) Ab ELISA
- Mucosal and Border Disease Virus (BDV) Ag ELISA
- Pregnancy Associated Glycoprotein (PAG) ELISA Serum/Milk

- Bluetongue Virus (BTV) AGID
- Bovine Viral Diarrhoea Virus (BVDV) AGID
- Epizootic Hamorrhagic Disease (EHD) AGID
- Brucella abortus SAT
- Brucella abortus CFT
- Brucella ovis CFT
- Chlamydia spp. CFT
- Bluetongue Virus (BTV) PCR
- Bovine Viral Diarrhoea Virus (BVDV) PCR
- Johne's Disease (JD) PCR
- Campylobacter fetus Microbiology
- Tritrichomonas foetus Microbiology

Comments

Other (please specify):

Sample IDs presented:

Please specify tube IDs submitted or tick the box if a bleed list was submitted separately

Bleed list attached or digitally submitted

LABORATORY USE ONLY

DATE SAMPLES RECEIVED:

SAMPLES RECEIVED BY:

NUMBER OF SAMPLES RECEIVED:

VLS TUBE RANGE:

