

**NC STATE** Veterinary Hospital  
**Vector Borne Disease Diagnostic Laboratory**

CVM Research Building, Room 462A  
 1060 William Moore Drive  
 Raleigh, NC 27607  
 ncstatevectorborne@ncsu.edu  
 go.ncsu.edu/vectorborne

FOR LABORATORY USE ONLY	
SERUM ACCESSION #:	_____
EDTA WHOLE BLOOD ACCESSION #:	_____
OTHER ACCESSION NUMBER(S):	_____

Clinic Name:	
DVM (First & Last Name):	
Address:	
Phone:	Email:
Sample Draw Date:	Sample Type(s):
Owner (First & Last Name):	
Patient Name:	
Microchip # (For Export Testing):	Patient ID:
DOB/Age:	Sex:
Species:	Breed:

REASON FOR TESTING:	
<input type="checkbox"/>	CLINICALLY ILL
<input type="checkbox"/>	POST-TREATMENT/CONVALESCENT TESTING
<input type="checkbox"/>	HEALTHY- BLOOD DONOR TESTING
<input type="checkbox"/>	HEALTHY- EXPORT TESTING
<input type="checkbox"/>	HEALTHY- ROUTINE SCREENING

CLINICAL SIGNS/BRIEF MEDICAL HISTORY:
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PROFILE TESTS	
<input type="checkbox"/>	CANINE COMPREHENSIVE PROFILE
<input type="checkbox"/>	FELINE COMPREHENSIVE PROFILE
<input type="checkbox"/>	CANINE SEROLOGY PROFILE
<input type="checkbox"/>	EQUINE PROFILE
<input type="checkbox"/>	CANINE LEISHMANIA PROFILE

PCR PANELS	
<input type="checkbox"/>	CANINE PCR PANEL
<input type="checkbox"/>	FELINE PCR PANEL
<input type="checkbox"/>	RUMINANT PCR PANEL
<input type="checkbox"/>	EXOTIC PCR PANEL

INDIVIDUAL SEROLOGY TESTS	
<input type="checkbox"/>	CANINE BARTONELLA SEROLOGY (IFA)
<input type="checkbox"/>	FELINE BARTONELLA SEROLOGY (IFA)
<input type="checkbox"/>	CANINE BABESIA SEROLOGY (IFA)
<input type="checkbox"/>	CANINE EHRLICHIA SEROLOGY (IFA)
<input type="checkbox"/>	CANINE LEISHMANIA SEROLOGY (IFA)
<input type="checkbox"/>	CANINE RICKETTSIA SEROLOGY (IFA)

INDIVIDUAL PCR TESTS	
<input type="checkbox"/>	ANAPLASMA/EHRLICHIA PCR
<input type="checkbox"/>	BABESIA PCR
<input type="checkbox"/>	BARTONELLA PCR
<input type="checkbox"/>	CYTAUXZON PCR
<input type="checkbox"/>	H. MYCOPLASMA PCR
<input type="checkbox"/>	LEISHMANIA PCR
<input type="checkbox"/>	RICKETTSIA PCR

<input type="checkbox"/>	SNAP®4Dx® PLUS
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ADD-ON FEES		
QTY:	PAIRED CONVALESCENT TITER FEE - LIST TEST(S) SELECTED ABOVE:	
QTY:	STAT PCR FEE - LIST TEST(S) SELECTED ABOVE:	
QTY:	TISSUE EXTRACTION FEE - LIST TEST(S) SELECTED ABOVE:	

Please see our website: [go.ncsu.edu/vectorborne](http://go.ncsu.edu/vectorborne) for our test catalog, price list and additional resources

This submission form serves as notice that all specimens, animals, and/or biological materials submitted to NC State CVM Diagnostic Laboratory Service (CVM-DLS) as well as any test results, diagnoses, or other analyses resulting from these submissions will become the property of CVM-DLS