

# New Mexico Department of Agriculture

## Veterinary Diagnostic Services

1101 Camino de Salud, NE  
Albuquerque, New Mexico 87102  
(505) 383-9299 phone  
(505) 383-9294 fax

## VDS LAB USE ONLY

Date Received \_\_\_\_\_ Case No. \_\_\_\_\_

### Veterinarian:

Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ Alternate: \_\_\_\_\_

Email: \_\_\_\_\_  
\_\_\_\_ Phone \_\_\_\_ Fax \_\_\_\_ Email Report

### TESTS REQUESTED

Bacteriology  Cytology  
 Bacteriology & Sensi.  Histopath . . .  IHC  
 CBC/Chem Panel  Necropsy  
 \*CBC only . . .  \*Chem only  Parasitology  
 \*CBC/Fibrinogen only  Mycology  
 Plague/Tularemia  Serology  
 PCR \_\_\_\_\_  Toxicology  
Other \_\_\_\_\_

Date Shipped \_\_\_\_\_ VIA \_\_\_\_\_  
\_\_\_\_ DMC Courier \_\_\_\_ Owner \_\_\_\_ Vet \_\_\_\_ Mail  
\_\_\_\_ UPS \_\_\_\_ FedEx \_\_\_\_ Other \_\_\_\_\_

No. specimens \_\_\_\_\_ Date taken \_\_\_\_\_  
No. in herd \_\_\_\_\_ Date onset \_\_\_\_\_  
Sick \_\_\_\_\_ Dead \_\_\_\_\_  
Necropsy disposal method \_\_\_\_\_

Owner Name \_\_\_\_\_

Male \_\_\_\_\_ Neutered \_\_\_\_\_ Female \_\_\_\_\_ Spayed \_\_\_\_\_

Animal Name/ID \_\_\_\_\_

Age \_\_\_\_\_ yrs \_\_\_\_\_ mths \_\_\_\_\_ wks \_\_\_\_\_ days \_\_\_\_\_ fetus

Species \_\_\_\_\_ Breed \_\_\_\_\_

Agent(s) suspected \_\_\_\_\_

### SPECIMEN(S) SUBMITTED

Brain  
 Eye  
 Heart  
 Lung  
 Trachea  
 Stomach  
 Stomach Contents  
 Small Intestine  
 Large Intestine  
 Cecum  
 Liver  
 Spleen  
 Kidney  
 Urinary Bladder  
 Skin  
 EDTA Blood  
 Serum  
 Urine  
 Carcass

### HISTORY

### VDS LAB USE ONLY

Specimens received \_\_\_\_\_

Referred to/Case Coordinator \_\_\_\_\_

Received by \_\_\_\_\_

Entered by \_\_\_\_\_

NMDA/VDS Form: QS-006 (08/15)