

# Sample Submission Form

## Selected Diagnostic Services



**Attention: Muthu Chengappa**  
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Selected Diagnostic Services  
 Diagnostic Medicine / Pathobiology  
 Mosier Hall, 1800 Denison Avenue  
 Manhattan, KS 66506

Veterinarian: \_\_\_\_\_ Date: \_\_\_\_\_  
 Clinic: \_\_\_\_\_ Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_

Please Note: It is very important that you provide telephone and FAX numbers. Thank you.

Owner: \_\_\_\_\_ Herd: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Case History: \_\_\_\_\_

Sample Description: \_\_\_\_\_ Number of Samples: \_\_\_\_\_

**Assays Requested:**

App Serology	App Bacteriology	Genetic Analysis
<input type="checkbox"/> HNT	<input type="checkbox"/> Isolation and Identification	<input type="checkbox"/> Identification
<input type="checkbox"/> Serotype 1 ELISA	<input type="checkbox"/> Antibiotic Sensitivity	<input type="checkbox"/> Strain Evaluation
<input type="checkbox"/> Serotype 3 ELISA	<input type="checkbox"/> Serotype by Agglutination	<i>Bordetella bronchiseptica</i>
<input type="checkbox"/> Serotype 5 ELISA	<input type="checkbox"/> Genetic Analysis - App confirmation	<i>Hemophilus parasuis</i>
<input type="checkbox"/> Serotype 7 ELISA	<input type="checkbox"/> Genetic Analysis - App fingerprinting	<i>Moraxella bovis</i>

Tube #	Animal #	Age	Site
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Tube #	Animal #	Age	Site
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Tube #	Animal #	Age	Site
21			
22			
23			
24			
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26			
27			
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30			