

ACCESSION FORM

(Complete front and back of form)

MSU – BREATHITT VETERINARY CENTER

P.O. BOX 2000 – 101 MSU DRIVE
 HOPKINSVILLE, KY 42241-2000
 Phone: 270-886-3959
 Fax: 270-886-4295
 Web: <http://breathitt.murraystate.edu>



FOR LAB USE ONLY

Labs: C B D N P S T V
 Case Coordinator: _____
 Carrier: M U F O V Tech Cooler Other
 Rec. Date/Time: _____
 Condition: _____

Owner	Veterinarian
Owner/Manager: _____	Name: _____
Farm: _____	Clinic Name: _____
Address: _____	Address: _____
City: _____ ST _____ ZIP _____	City: _____ ST _____ ZIP _____
Phone#: (____) _____	Phone#: (____) _____
Email: _____	Email: _____
County: _____ Premise ID: _____	Vet License# _____ Code _____

Animal ID/Name*	Species	Breed	Sex	Neutered	Age	Units of Measure	Wt.

Purpose of Test: Diagnostic Regulatory Surveillance Research Pre-purchase/Sale Other
 Export (Country: _____)

<input type="checkbox"/> Carcass	TISSUE: <input type="checkbox"/> FIXED <input type="checkbox"/> FRESH	<input type="checkbox"/> Blood, EDTA	<input type="checkbox"/> Feces	Fluid Type:
<input type="checkbox"/> Fetus	<input type="checkbox"/> Diagnosis only <input type="checkbox"/> Detailed report	<input type="checkbox"/> Blood, Whole	<input type="checkbox"/> Milk	Swab-Source/Site:
<input type="checkbox"/> Placenta	Site/Source(s): _____ <i>Complete Diagram on back of form</i>	<input type="checkbox"/> Serum	<input type="checkbox"/> Urine	Other:

History of Illness:
 Duration of Illness: _____ (__ Hrs, __ Days, __ Wks) #Sick Animals: _____ # Dead _____ # in Group: _____ # on Farm: _____
 Primary findings: __ respiratory __ digestive __ muscle/skeletal __ fever __ eye __ renal __ reproductive __ abortion
 __ lethargy __ skin __ CNS __ blood/circulatory/cardiovascular __ ear __ found dead other _____

History (Clinical Signs): _____

Nutrition, Environment, other Mgmt: _____
Treatment/Response: _____
Vaccination(s): _____

Any previous submissions for this problem? If **YES**, Accession # _____ Date: _____
 *If more room is needed please use **Accession Continuation Form**.

Veterinarian Signature: _____ Date: _____
 Please see back of form and complete test request(s). Separate form required for each animal species and premise.

ACCESSION FORM

See <http://breathitt.murraystate.edu> for complete listing of available tests and specimens.

HISTOPATH CYTOLOGY

Neoplasm: size ____ x ____ x ____ cm

Shape _____

Attachment _____

Gross Appearance _____

Consistency _____

Color _____

Duration _____

Rate of Development _____

Location of Other Tumors _____

History of Recurrence _____



Dorsal



Ventral

CLINICAL PATHOLOGY

- CBC
 - RBC Parasites
 - RBC Morphology
 - Retic Count
 - Cryptosporidia Stain
 - Giardia / Crypto DFA
 - IgG
 - Fecal Exam
 - Fluid Analysis
 - McMaster's Fecal Egg Count
 - Microfilaria Filter (Knotts)
 - Semen Evaluation
 - Somatic Cell Count
 - Stone Analysis
 - Urinalysis
 - Other _____
- Total Panel
 - Vitreous Panel
 - _____ Panel
(Specify type)
 - Bile Acids
 - Cortisol Baseline (1 Sample)
 - Cortisol ACTH (2 Samples)
 - Cortisol LDDS (3 Samples)
 - Cortisol HDDS (3 Samples)
 - Fructosamine
 - Phenobarbital
 - Progesterone
 - TLI
 - T4 Total
 - T4 Free
 - TSH

(Specify)

Complete history on front of form.

IMMUNOLOGY

BOVINE

- Anaplasmosis
- Blackleg
- Bluetongue/EHD
- BLV
- BRSV
- Brucella abortus
- BVD
- BVD PI ELISA
- Bovine Coronavirus
- IBR
- John's Serology
- Leptospirosis
- Neospora
- PI 3
- Pregnancy Test
- Rotavirus
- Virus Isolation
- Other _____

PORCINE

- Brucella abortus
- Circovirus
- Influenza
- Leptospirosis
- Porcine Parvovirus
- PRRS
- Pseudorabies
- Rotavirus
- TGE
- Virus Isolation
- Other _____

EQUINE

- Brucella abortus
- EIA
- EEE
- EHV / ERV
- EPM
- EVA
- Leptospirosis
- Potomac H Fever
- Equine Tick Panel
- VS
- WNV
- Virus Isolation
- Other _____

CAPRINE/OVINE

- Brucella abortus
- Bluetongue / EHD
- CAEV/OPP
- Caseous Lymphadenitis
- John's Serology
- Leptospirosis
- Pregnancy Test
- Toxoplasmosis (Caprine)
- Virus Isolation
- Other _____

CANINE/FELINE

- Brucella canis
- CAV
- CCV
- Canine Distemper
- CHV
- Canine Parvo Virus
- Canine Tick Panel
(Ehrlichia, Lyme, Heartworm, Anaplasma)
- Coombs (Canine)
- FIP
- FeLV / FIV
- FHV (FVR)
- FPLV
- Heartworms (*Dirofilaria*)
- Histo / Blasto
- Leptospirosis
- RMSF
- Toxoplasmosis
- Other _____

For Brucellosis on livestock,
use VS form 4-33

CERVINE

- CWD
- BT/EHD

BACTERIOLOGY

- Aerobic Culture
- Antibiotic Susceptibility
- Anaerobic Culture
- Mycology Culture
- Milk Culture
- Direct Exam
- Save for Bacterin
- Brucella
- E. coli
- Listeria
- Salmonella
- Other _____

(Indicate bacterin company to use)

MOLECULAR DIAGNOSTICS (PCR)

- Brucella PCR
- BT / EHD PCR
- BVD PCR
- Chlamydia PCR
- Coxiella PCR
- EHV PCR
- ILT PCR
- Influenza A PCR
- John's PCR
- Lawsonia PCR
- Listeria PCR
- Clostridium perfringens/difficile PCR
- E.coli Adhesins and Toxins PCR
- Leptospira Pathogenic serovar PCR
- Moraxella PCR (panel)
- Mycoplasma PCR
- Neospora canium PCR
- Toxoplasma PCR
- Trichomonas foetus PCR
- West Nile Virus PCR
- Other _____

TOXICOLOGY

- Nitrate
- Nitrite
- GC/MS (Pesticides/Insecticides)
- Rodenticides
- Metals (Specify) _____
- Cyanide
- Ethylene Glycol
- Mycotoxins
- Copper
- Selenium
- pH
- Water Panel: Basic Expanded Water Panel
- Nutrient Mineral Panel
- Toxic Element Panel
- Other _____