

Bleeding date: _____

Illinois Department of Agriculture

Accession number: _____

Total tubes submitted: _____

Serology Test Request Form (L4)

Page _____ of _____

I certify that I have drawn blood samples from each animal identified below and have correctly listed each tube number with the corresponding animal identification.

Veterinarian's signature _____

Clinic name: _____

Address _____

City, ST ZIP: _____

Telephone: (_____) _____ FAX: _____

E-Mail: _____ Results by E-Mail?

Owner: _____

Address: _____

City, ST ZIP: _____

Location of animals: _____

Address: _____

City: _____ County _____ ST: _____

Purpose of test

- Diagnostic
- Sale/Show
- Export
- Qualification # _____
- Import retest # _____
- Other _____

Complete herd test?
 Yes No

Species

- Cat
- Cattle, beef
- Cattle, dairy
- Dog
- Goat
- Horse
- Pig
- Sheep
- Other _____

- Anaplasmosis, ELISA² _____
- Avian influenza _____
- Bluetongue
 - AGID _____
 - cELISA² _____
- Blastomycosis _____
- Brucellosis
 - BAPA² _____
 - Card _____
 - RAP³ _____
 - Rivanol _____
 - Std plate _____
 - Std tube _____

- BVD
 - ELISA (PI) _____
 - Serum _____
 - Fresh ear notch _____
 - SN¹ _____
 - PCR _____
 - Ear notch, IHC _____
 - VI _____
 - CAE cELISA _____
 - Canine Heartworm, Lyme, Ehrlichia, & Anaplasma (SNAP 4DX®)² _____
 - EHD _____

- Feline FeLV, FIV, Hrtworm (SNAP Feline Triple®)²
- FIP, cELISA² _____
- IBR _____
- IgG (FPT) _____
- Johne's, ELISA _____
- Leukemia, bovine
 - AGID _____
 - ELISA¹ _____
- Lepto (6) _____
- Other _____
- M hyo _____

- Neospora _____
- PI3 _____
- PRRS
 - ELISA¹ _____
 - IFA US _____
 - IFA Lelystad _____
- PCR
 - Pooled _____
 - Individual _____
- Pseudorabies
 - AutoLex¹ _____
 - gB ELISA _____
 - gI ELISA (differential) _____

- Rhino, equine (EHV) _____
- Salmonella
 - typh _____
 - pullorum _____
- Swine influenza
 - H1N1 _____
 - H3N2 _____
- TGE
 - SN² _____
 - ELISA (TGE/PRCV) _____
- Vesicular stomatitis SN²
- Other _____
- Other _____

Tube	Identification	Age	Breed	Sex	Tube	Identification	Age	Breed	Sex
1					6				
2					7				
3					8				
4					9				
5					10				

¹Standard diagnostic test; ²Standard test, Centralia; ³Standard test, Galesburg. Requests for EIA testing MUST be on Form VS-10-11.

Veterinarian: _____
 Owner: _____

Illinois Department of Agriculture Serology Test Request Form (L4A)

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 Page _____ of _____

Tube	Identification	Age	Breed	Sex	Tube	ID	Age	Breed	Sex
1					6				
2					7				
3					8				
4					9				
5					0				
6					1				
7					2				
8					3				
9					4				
0					5				
1					6				
2					7				
3					8				
4					9				
5					0				
6					1				
7					2				
8					3				
9					4				
0					5				
1					6				
2					7				
3					8				
4					9				
5					0				