## **Veterinary Diagnostic Services Order Form**

Date: Ordered By						/	labora Comm	on atories, Il	Gentific Excellence		
Veterinarian's Name:						Cle	ongen Lal				
Address 1:							.1 Perry P aithersbu				
Address 2:						Ph	one: 301	-916-0	173		
City, State, Zip:							x: 301-91 II Free: 8				
Phone:		Fax:					ww.clong				
email:							-		heck Box)		
Animal Information									top (EDTA) tube)		
Name:						Serum (tiger-top tube) Urine					
Date of Birth:		-				Skin punch biopsy Nasopharyngeal Swab					
Address 1:						Wound S		Swai	J		
Address 2:						Stool				_	
City, State, Zip:						Other:					
Owner Phone:		Fax:									
email:											
Contact Name:											
Please Select Requested T	Tests	(Menu is Alphabeti	cal by Anim	al type	)						
Amphibian		Cat (Feline)		Cat	ttle - Continue	t		Dog	- Continued		
Chytrid Fungus (Batrachochytrium dendrobatidis)	n \$75	Aspergillus fumigatus	\$	75	Mycoplasma pulmo	onis	\$75		Bordetella bronchiseptica	\$75	
Ranavirus	\$75	Encephalomyocardi	tis Virus \$1	25	Pasteurella multoci	ida	\$75		Canine distemper virus	\$125	
		Feline Calicivirus	\$1	25	Strongyles worms		\$75		Canine herpesvirus	\$75	
Bird (Avian)		Feline Enteric Coron	avirus \$1	25	Trypanosoma evan	si	\$75		Canine parvovirus Type 2	\$75	
Avian Encephalomyelitis	\$125	Feline Immunodefic	iency Virus \$1	25	Vesicular stomatiti	s virus	\$125		Canine respiratory coronavirus	\$125	
Avian nephritis	\$125	Feline Leukemia Viru	ıs \$1	25	Yersinia enterocolit	ica	\$75		Helicobacter bizzozeronii	\$75	
Avian Polyomavirus	\$75	Helicobacter bizzozei	ronii \$7	75	Yersinia pseudotub	erculosis	\$75		lsospora belli	\$75	
Clostridium perfringens	\$75	Helicobacter felis	\$7	75 <u> </u>	Clostridium perfring	gens	\$75		Lawsonia intracellularis	<u>\$75</u>	
Haemophilus paragallinarum	\$75	Isospora belli	\$7	5	Dermatophilus (D)	congolenesis	\$75		Mycobacterium chelonae	\$75	
Infectious bronchitis	\$125	Mycobacterium chelo	onae \$7	75 <b>De</b>	or				Mycobacterium ulcerans	\$75	
Marek's Disease Virus	\$75	Mycobacterium ulcer	ans \$7						Mycoplasma canis	\$75	
Ornithobacterium rhinotracheale	\$75	Mycoplasma felis	\$7	5	Hepatitis E Virus		\$125	_	•		
Pacheco's Disease	\$75	Mycoplasma haemot	felis \$7		Lawsonia intracellu	ılaris	\$75		Mycoplasma pulmonis	\$75	
Pigeon Circovirus	\$75			Г	Yersinia enterocolit	ica	\$75		Neospora caninum	\$75	
Plasmodium inui \$75		Mycoplasma pulmonis			Yersinia pseudotub	a pseudotuberculosis		Fish			
Psittacine Beak and Feather Disea		Cattle		Do	a				Ranavirus	\$75	
Yersinia enterocolitica	\$75			_			¢7E	Goa	t		
_		Encephalomyocardi		5 [	Anaplasma platys		\$75				
Yersinia pseudotuberculosis	\$75	Mycobacterium chelo	onae \$7	5	Aspergillus fumigat	tus	\$75		Caprine Arthritis-Encephalitis Vir	us \$75	
		Mycobacterium ulcer	ans \$7	75	Baylisascaris procyr	nosis	\$75		Vesicular stomatitis virus	\$125	
Payment Method:	) Credit	t Card	○ Ch	eck		Interr					
Card Number:		Chask				Payment Receive			CC Check		
Expiration Date:			Check #			Order Completed:					
Cardholder Name:				\$		Report Date:					
Signed By						Access	ion#				

## **Veterinary Diagnostic Services Order Form**

Date:						1	Clong	nsp		
Ordered By							laboratories, llc Committed to Scient	entific Excellence		
Veterinarian's Name	2:					_	en Laboratorie			
Address 1:							erry Parkway, ersburg, MD 2			
Address 2:							: 301-916-017	'3		
City, State, Zip:							01-916-0175 clongen.com			
Phone:			Fax:		Specime	n Type	(Please che	eck Box)		
email:		-			-		(purple-to			
Animal Informat	ion						top tube)			
Name:					Urine	e punch b	iopsy			
Date of Birth:					Naso	pharyng	eal Śwab			
Address 1:					☐ Wou ☐ Stoo	nd Swab <sub>I</sub>	)			
Address 2:					Othe				1	
City, State, Zip:										
Phone:			Fax:							
email:			'							
Contact Name:										
Please Select Requested T	ests	(Menu is Alphabetic	cal by Animal	type)						
Horse (Equine)		Mink	a Damienilius	Pig - Continue	ed		Primate -	Continued		
African Horse Sickness Virus	\$125	Aleutian Mink Diseas (ADV)	\$75	Lawsonia intro	acellularis	\$75	Simian F	oamy Virus	\$75	
Dermatophilus (D) congolenesis	\$75	Mouse		Porcine Circo	virus Type 2	\$75	Simian F	Retrovirus Types 1, 2, 3,	, 4 & 5 - \$125	
Equine Arteritis Virus	\$125	Lawsonia intracellula	ris \$75	Porcine Cytor	megalovirus	\$75	Simian 7	T-Cell Leukemia Virus T	ype 1 - \$125	
Equine Herpesvirus Type 1	\$75	Mouse Hepatitis Viru	s \$125	Pseudorabies	Virus	\$75	Simian 7	T-Cell Leukemia Virus T	ype 2 - \$125	
Equine Herpesvirus Type 2	\$75	Mouse Minute Virus	\$75	Vesicular stor	natitis virus	\$125	Simian 7	Γ-Cell Leukemia Virus Τ	ype 3 - \$125	
Equine Herpesvirus Type 3	\$75	Mouse Norovirus	\$125	Yersinia enter	ocolitica	\$75	Simian \	/aricella Zoster Virus	\$75	
Equine Herpesvirus Type 4	\$75	Mouse Parvovirus	\$75	Yersinia pseud	lotuberculosis	\$75	Trypano	soma evansi	\$75	
Equine Herpesvirus Type 5	\$75	Mousepox Virus	\$75	Primate			Yellow F	<del>-</del> ever	\$125	
Equine Infectious Anemia	\$125	Pneumonia Virus of I	Mice \$125	African Green	Monkey SIV	\$125	Yersinia	enterocolitica	\$75	
Horse Tapeworms (Anoplocephelo perforliata)	7 \$75	Sendai Virus	\$125	Aspergillus fur	migatus	\$75	Yersinia	pseudotuberculosis	\$75	
Lawsonia intracellularis	\$75	Theiler's murine ence	ephalomyelitits \$125	Herpesvirus P	apio (Papio ham	nadryas \$75	Encepha	alomyocarditis Virus	\$125	
Neorickettsia risticii	\$75	Pig		Isospora belli		\$75	Mycoba	cterium chelonae	\$75	
Streptococcus equi	\$75	African Swine Fever	\$75	Macaque SIV		\$125	Mycoba	cterium ulcerans	\$75	
Strongyles worms	\$75	Classical Swine Fever		Measles Virus		\$125	Mycopla	asma pulmonis	\$75	
Theilleria equi	\$75	Clostridium perfringer		Monkeypox V	⁄irus	\$75	Plasmod	lium inui	\$75	
Trypanosoma equiperdum	\$75	Encephalomyocardit		Rhesus Cyton	negalovirus	\$75	Schistos	oma hematobium	\$75	
Vesicular stomatitis virus	\$125	_		Rhesus Radin	ovirus	\$75	Schistos	soma mansoni	\$75	
		Hepatitis E Virus	\$125	Simian Cytom		\$75			***	
		Isospora belli	\$75							
Payment Method:	ayment Method:		1		Internal Use O			<del></del>		
Card Number:			Check #		Payment R Order Com			Circle		
Expiration Date:			_ م			t Date:	ieu.			
Cardholder Name:			Amount \$							
Signed By					Acces	sion#	1			

## **Veterinary Diagnostic Services Order Form** Date: **Ordered By** Veterinarian Name: Clongen Laboratories, LLC 211 Perry Parkway, Suite 6 Address 1: Gaithersburg, MD 20877 Address 2: Phone: 301-916-0173 Fax: 301-916-0175 City, State, Zip: Toll Free: 877-CLONGEN www.clongen.com Phone: Fax: **Specimen Type** (Please check Box) email: Whole Blood (purple-top (EDTA) tube) **Animal Information** Serum (tiger-top tube) Urine Name: Skin punch biopsy Date of Birth: Nasopharyngeal Swab Address 1: **Wound Swab** Stool Address 2: Other: City, State, Zip: Fax: Owner Phone: email: **Contact Name:** Please Select Requested Tests (Menu is Alphabetical by Animal type) **Reptiles** Snail Plasmodium inui \$75 Schistosoma hematobium \$75 Ranavirus \$75 Schistosoma mansoni \$75 **Rodents** Clostridium piliforme \$75 Baylisascaris procynosis \$75 Encephalomyocarditis Virus \$125 Hepatitis E Virus \$125 Mycobacterium chelonae \$75 Mycobacterium ulcerans \$75 Mycoplasma pulmonis \$75 Plasmodium inui \$75 Yellow Fever \$125 Sheep Dermatophilus (D) congolenesis \$75 Pasteurella multocida \$75 Strongyles worms \$75 Vesicular stomatitis virus \$125 **Internal Use Only Payment Method:** Credit Card ○ Check Check

Check #

Amount \$

**Card Number:** 

Signed By

**Expiration Date:** 

**Cardholder Name:** 

CC

Payment Received:

**Order Completed:** 

**Report Date:** 

Accession #