



**MONTANA
VETERINARY
DIAGNOSTIC
LABORATORY**

PHONE: (406) 994-4885
 FAX: (406) 994-6344
 WEBSITE: www.llv.mt.gov/lab
 WEB RESULTS: <https://mvd1.mt.gov>
 E-MAIL: mvd1@mt.gov

1911 WEST LINCOLN STREET
 BOZEMAN, MT 59718

Submitter: MAGDALENA NIEDERMEYER DVM
 Clinic: BURNT FORK VETERINARY CLINIC
 Address: 3682 EASTSIDE HWY
 STEVENSVILLE MT 59870

Accession #: **24-23651**
 Name/ID:
 Species: Domestic Goat
 Breed: Nigerian Dwarf goat
 Sex:
 Age:

FINAL REPORT 05/31/24
 Collection date: 05/30/24
 Accession date: 05/31/24
 Report Authorized by: ES
 Owner: Angela Kerns

SEROLOGY

Brucella abortus: Other Testing [Serum]

Verified on: 05/31/24 by DK

These results are not included in the B. abortus Testing Summary

Animal	B. abortus Card Test
1	Negative
2	Negative
3	Negative
4	Negative
5	Negative
6	Negative
7	Negative
8	Negative
9	Negative
10	Negative

3% Brucella Card antigen used.

VIROLOGY

Coxiella burnetii (Q Fever) ELISA

Verified on: 05/31/24 by GG

Animal ID	Specimen	Test	Result
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Case: 24-23651

Montana Veterinary Diagnostic Laboratory
<https://mvd1.mt.gov>

1	Serum	Antibody ELISA	Negative
2	Serum	Antibody ELISA	Negative
3	Serum	Antibody ELISA	Negative
4	Serum	Antibody ELISA	Negative
5	Serum	Antibody ELISA	Negative
6	Serum	Antibody ELISA	Negative
7	Serum	Antibody ELISA	Negative
8	Serum	Antibody ELISA	Negative
9	Serum	Antibody ELISA	Negative
10	Serum	Antibody ELISA	Negative

Results and invoices available on-demand via our web portal! Please click [here](#) to log in. Accounts can also be set to automatically receive invoices via email. Please call for more information.



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1911 WEST LINCOLN STREET
 BOZ *2423651*
 05/31/24
 24 - 23651

Handwritten/faxed submission forms are accepted, but for optimal efficiency and accuracy, please complete electronically and submit via email. Include a print copy with specimens.
 * Asterisks indicate required submitter/owner information fields.

*Submitter Name:	Magdalena Nicodemeyer	*Owner Name:	Angela Krebs
*Clinic Name:	Burnt Fork Vet Clinic	*Animal Location: (address)	[REDACTED]
*Address:	3682 Eastside Hwy	*City, State, ZIP	[REDACTED]
*City, State, ZIP:	Stevensville MT 59870	Premises ID:	
Account #:		*County:	Beavert
*Phone: Fax: (if applicable)	406-363-0856	Market: (if applicable)	
Email:	mnicodem@burntforkvet.com	Phone: Email: (if applicable)	406-363-1644 comprockpoultry@gmail.com
*Collection Date:	5/30/24	*Submitted Specimens: (why?)	Serum 10 tubes
*History: (vx, clinical signs, etc.)	testing for raw milk fever		

Test Requests:
 See dropdown options below or the MVDL Submission Guide & Fee Schedule @ our website. If tests are not to be performed on all samples, specify in the Individual Specimen column below.

- Bruce's Disease card (Rose-Bengal abortus card)
- Coxsackie Burnett ELISA
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-
-
-
-
-
-
-

Submitter: _____ Owner: _____

Sample #	Tube #	Official Animal ID (one ID per field)	Other Animal ID (one ID per field)	Sex	Age	Breed	Species	Individual Specimen/Request
1	1	ear KEE ear P57	Krebs LG Truffles	F	DOB 4/6/22	Nig Dwarf	Caprine	
2	2	ear KEE ear N76	Krebs LG Macy		DOB 1/14/21			
3	3	ear KEE ear H7	Krebs Farm of Cairebeck (Buck)		DOB 2/7/16			
4	4	ear KEE ear P45	Krebs LG Daughed to Climax (Summer)		DOB 1/28/22			
5	5	ear KEE ear M39	Krebs DC Elise		DOB 6/11/20			
6	6	ear KEE ear N6	Krebs OT Kristaloe		DOB 1/7/21			
7	7	ear KEE ear N49	Krebs PD Patty Ann		DOB 2/18/21			
8	8	ear KEE ear L62	Krebs QR Pumpkin Quinn		DOB 8/22/19			
9	9	ear M66 ear K31	Stag Annie CC Southern Sweet		DOB 3/15/18			

Submitter: M. Nuckert

Owner: Angela Knies

Sample #	Tube #	Official Animal ID (tag ID number)	Other Animal ID (tag number)	Sex	Age	Breed	Species	Individual Specimen Request
10	10	For av 13	Mir 444444 50 4/16	F	DOB 2/17/19	Mag. Diver	Cephalopod	
11								
12								
13								
14								
15								