

RUMINANT SUBMISSION FORM

Indiana Animal Disease Diagnostic Laboratories

ADDL at Purdue University
 406 S University St.
 West Lafayette, IN 47907-2065
 765-494-7440 Fax 765-494-9181

HEEKE ADDL – SIPAC
 11367 E Purdue Farm Road
 Dubois, IN 47527-9666
 812-678-3401 Fax 812-678-3412

ADDL USE ONLY		OPENED BY:
DELIVERED:	ARRIVED:	CONDITION:
<input type="checkbox"/> UPS	<input type="checkbox"/> Chilled	<input type="checkbox"/> Good
<input type="checkbox"/> FedEx	<input type="checkbox"/> Frozen	<input type="checkbox"/> Broken jar
<input type="checkbox"/> DHL	<input type="checkbox"/> Room Temp	<input type="checkbox"/> Leaked
<input type="checkbox"/> USPS	<input type="checkbox"/> Cold pack	
<input type="checkbox"/> Exp Mail	<input type="checkbox"/> Dry Ice	
<input type="checkbox"/> Drop-off	<input type="checkbox"/> None	

Ref Vet _____ Owner _____

Indiana License # _____ Address _____

Clinic _____ City, State, ZIP _____

Address _____ Owner Phone _____

City, State, ZIP _____ Site/Farm/Unit _____

Phone _____ Fax _____ Premise ID _____

Results by Fax Email _____ Site/Farm/Unit Address _____

Additional Fax _____ City, State, ZIP _____

Results by Email _____ County _____

Responsible Billing Party: Owner Referring Veterinarian Third Party _____

Purdue Account #: Fund _____ RIO/SIO _____

Payment Rec'd \$ _____
Check # _____
Receipt # _____

HISTORY: Clinical Problem: Respiratory Enteric Neurologic Reproductive Other

Age ____ day wk mo yr # On Site ____ # In Affected Group ____ # Sick ____ # Dead ____ Breed _____

Animal ID: _____

Species:
 Bovine
 Ovine
 Caprine
 Camelid
 Cervid
 Other

Differential Diagnosis or Disease(s) Suspected: _____

Legal/Insurance
 Rabies Suspect
 Necropsy Field Necropsy Abortion Protocol Histopathology IHC Serology (page 2)
 Diagnostician Discretion (ADDL Diagnostician will select tests, based on history provided)
If no tests are marked, 'Diagnostician Discretion' will be assumed.

SPECIMENS SUBMITTED:		Date taken: _____		Vaccination History	
Fresh, chilled		Fixed	Fresh	Fixed	Fresh
<input type="checkbox"/> Fetus/Fetal tissues	<input type="checkbox"/> Feces	Lung	<input type="checkbox"/>	Heart	<input type="checkbox"/>
<input type="checkbox"/> Whole animal	<input type="checkbox"/> Feed/Forage	L. Node	<input type="checkbox"/>	Ileum	<input type="checkbox"/>
<input type="checkbox"/> Serum	<input type="checkbox"/> Water	Kidney	<input type="checkbox"/>	Jejunum	<input type="checkbox"/>
<input type="checkbox"/> Semen	<input type="checkbox"/> Rumen Content	Liver	<input type="checkbox"/>	Colon	<input type="checkbox"/>
<input type="checkbox"/> Urine		Rumen	<input type="checkbox"/>	Abomasum	<input type="checkbox"/>
<input type="checkbox"/> Other _____		Spleen	<input type="checkbox"/>	Brain	<input type="checkbox"/>
		Other _____	<input type="checkbox"/>		<input type="checkbox"/>

BVDV PI TESTING
 List tubes/animals on page 2
 Max # per pool is 25
 Specimens must be shipped with ice packs!

Ear Notch/ Biopsy EDTA Blood Serum

BVDV (PCR)
 Test pooled (max. 25 per pool)
 Test individually

BVDV (ACE)

TOXICOLOGY
 List suspected toxin(s)/toxicant(s):

GC/MS Toxicant Screen Copper
 Heavy Metal Screen Lead
 White Snakeroot Nitrates
 Selenium/Vitamin E Selenium
 Vitamin E Sulfur
 Magnesium Plant ID
 Mycotoxin Screen (AFB, DON, ZEA)
 Single Mycotoxin (list) _____
 Other: _____

PARASITOLGY
 List suspected parasite(s):

Fecal flotation – Qualitative
 Fecal flotation – Quantitative
 Fecal flotation – Qualitative (Zinc sulfate)
 Fecal *Cryptosporidium* – Acid fast stain
 Fecal exam – Direct
 Fecal exam – Sedimentation
 Fecal larval exam – Baermann technique
 Parasite identification

Clients submitting specimens have agreed to ADDL testing procedures, policies, and fees. Specimens and derived isolates become the property of the Indiana ADDL. Additional testing may be done: 1) to meet state or federal surveillance programs, 2) by order of state or federal animal health officials, or 3) when a Foreign Animal Disease is suspected. This form only lists frequently requested tests. For the complete list of tests, consult the ADDL Fee Schedule.

Visit us at www.addl.purdue.edu

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<input type="checkbox"/> BACTERIOLOGY <input type="checkbox"/> Save Isolate List suspected pathogen(s): <table style="width:100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Aerobic Culture <input type="checkbox"/> Anaerobic Culture <input type="checkbox"/> Histotoxic <i>Clostridium</i> FA <input type="checkbox"/> Milk, Aerobic Culture <input type="checkbox"/> Milk, <i>Mycoplasma</i> Culture <input type="checkbox"/> <i>Mycoplasma</i> Culture <input type="checkbox"/> <i>Salmonella</i> Culture <input type="checkbox"/> <i>Tritrichomonas foetus</i> Culture <input type="checkbox"/> Antimicrobial Susceptibility <input type="checkbox"/> Other: _____ </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Johne's MAP (PCR) <input type="checkbox"/> Feces <input type="checkbox"/> Pooled in group of 5 <input type="checkbox"/> <i>Leptospira</i> (Pathogenic species) (PCR) <input type="checkbox"/> Urine <input type="checkbox"/> Tissue <input type="checkbox"/> <i>Mycoplasma bovis</i> (PCR) <input type="checkbox"/> Milk <input type="checkbox"/> Tissue <input type="checkbox"/> Oronasal swab <input type="checkbox"/> <i>Coxiella burnetii</i> (Q Fever) (PCR) <input type="checkbox"/> Milk <input type="checkbox"/> Tissue <input type="checkbox"/> Vaginal swab </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> <i>Salmonella</i> sp. (PCR) <input type="checkbox"/> Feces <input type="checkbox"/> Colon/Ileum <input type="checkbox"/> <i>C. psitacii/C. abortus</i> (PCR) <input type="checkbox"/> Fetal tissues <input type="checkbox"/> <i>Neospora caninum</i> (PCR) <input type="checkbox"/> Fetal heart/brain <input type="checkbox"/> <i>Toxoplasma gondii</i> (PCR) <input type="checkbox"/> Placenta/Fetal tissues </td> </tr> </table>	<input type="checkbox"/> Aerobic Culture <input type="checkbox"/> Anaerobic Culture <input type="checkbox"/> Histotoxic <i>Clostridium</i> FA <input type="checkbox"/> Milk, Aerobic Culture <input type="checkbox"/> Milk, <i>Mycoplasma</i> Culture <input type="checkbox"/> <i>Mycoplasma</i> Culture <input type="checkbox"/> <i>Salmonella</i> Culture <input type="checkbox"/> <i>Tritrichomonas foetus</i> Culture <input type="checkbox"/> Antimicrobial Susceptibility <input type="checkbox"/> Other: _____	<input type="checkbox"/> Johne's MAP (PCR) <input type="checkbox"/> Feces <input type="checkbox"/> Pooled in group of 5 <input type="checkbox"/> <i>Leptospira</i> (Pathogenic species) (PCR) <input type="checkbox"/> Urine <input type="checkbox"/> Tissue <input type="checkbox"/> <i>Mycoplasma bovis</i> (PCR) <input type="checkbox"/> Milk <input type="checkbox"/> Tissue <input type="checkbox"/> Oronasal swab <input type="checkbox"/> <i>Coxiella burnetii</i> (Q Fever) (PCR) <input type="checkbox"/> Milk <input type="checkbox"/> Tissue <input type="checkbox"/> Vaginal swab	<input type="checkbox"/> <i>Salmonella</i> sp. (PCR) <input type="checkbox"/> Feces <input type="checkbox"/> Colon/Ileum <input type="checkbox"/> <i>C. psitacii/C. abortus</i> (PCR) <input type="checkbox"/> Fetal tissues <input type="checkbox"/> <i>Neospora caninum</i> (PCR) <input type="checkbox"/> Fetal heart/brain <input type="checkbox"/> <i>Toxoplasma gondii</i> (PCR) <input type="checkbox"/> Placenta/Fetal tissues	<input type="checkbox"/> VIROLOGY <input type="checkbox"/> Save Isolate List suspected virus(es): <input type="checkbox"/> Routine VI <input type="checkbox"/> FA <input type="checkbox"/> EM <input type="checkbox"/> Bovine Coronavirus (PCR) <input type="checkbox"/> Feces <input type="checkbox"/> Tissue <input type="checkbox"/> Other: _____
<input type="checkbox"/> Aerobic Culture <input type="checkbox"/> Anaerobic Culture <input type="checkbox"/> Histotoxic <i>Clostridium</i> FA <input type="checkbox"/> Milk, Aerobic Culture <input type="checkbox"/> Milk, <i>Mycoplasma</i> Culture <input type="checkbox"/> <i>Mycoplasma</i> Culture <input type="checkbox"/> <i>Salmonella</i> Culture <input type="checkbox"/> <i>Tritrichomonas foetus</i> Culture <input type="checkbox"/> Antimicrobial Susceptibility <input type="checkbox"/> Other: _____	<input type="checkbox"/> Johne's MAP (PCR) <input type="checkbox"/> Feces <input type="checkbox"/> Pooled in group of 5 <input type="checkbox"/> <i>Leptospira</i> (Pathogenic species) (PCR) <input type="checkbox"/> Urine <input type="checkbox"/> Tissue <input type="checkbox"/> <i>Mycoplasma bovis</i> (PCR) <input type="checkbox"/> Milk <input type="checkbox"/> Tissue <input type="checkbox"/> Oronasal swab <input type="checkbox"/> <i>Coxiella burnetii</i> (Q Fever) (PCR) <input type="checkbox"/> Milk <input type="checkbox"/> Tissue <input type="checkbox"/> Vaginal swab	<input type="checkbox"/> <i>Salmonella</i> sp. (PCR) <input type="checkbox"/> Feces <input type="checkbox"/> Colon/Ileum <input type="checkbox"/> <i>C. psitacii/C. abortus</i> (PCR) <input type="checkbox"/> Fetal tissues <input type="checkbox"/> <i>Neospora caninum</i> (PCR) <input type="checkbox"/> Fetal heart/brain <input type="checkbox"/> <i>Toxoplasma gondii</i> (PCR) <input type="checkbox"/> Placenta/Fetal tissues		

<input type="checkbox"/> SEROLOGY Date Bled _____ # Samples _____ Acute _____ Convalescent _____ <table style="width:100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Anaplasmosis (ELISA) <input type="checkbox"/> Bluetongue (ELISA) <input type="checkbox"/> BCV (IFA) <input type="checkbox"/> BLV (ELISA) <input type="checkbox"/> BLV (AGID) <input type="checkbox"/> BRSV (VN) <input type="checkbox"/> <i>Brucella abortus</i> <input type="checkbox"/> Card <input type="checkbox"/> Plate <input type="checkbox"/> Tube <input type="checkbox"/> RIV <input type="checkbox"/> BAPA <input type="checkbox"/> Other: _____ </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> <i>Brucella ovis</i> (ELISA) <input type="checkbox"/> BVDV Type 1 & 2 (VN) <input type="checkbox"/> CAE (ELISA) <input type="checkbox"/> CAE (AGID) <input type="checkbox"/> EHD (AGID) <input type="checkbox"/> IBR (VN) <input type="checkbox"/> Johne's MAP(ELISA) </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Lepto MAT (7 serovars) <input type="checkbox"/> Neospora (ELISA) <input type="checkbox"/> OPP (AGID) <input type="checkbox"/> PI 3 (VN) <input type="checkbox"/> <i>Toxoplasma gondii</i> (IFA) <input type="checkbox"/> Vesicular stomatitis NJ & IN (VN) </td> </tr> </table>	<input type="checkbox"/> Anaplasmosis (ELISA) <input type="checkbox"/> Bluetongue (ELISA) <input type="checkbox"/> BCV (IFA) <input type="checkbox"/> BLV (ELISA) <input type="checkbox"/> BLV (AGID) <input type="checkbox"/> BRSV (VN) <input type="checkbox"/> <i>Brucella abortus</i> <input type="checkbox"/> Card <input type="checkbox"/> Plate <input type="checkbox"/> Tube <input type="checkbox"/> RIV <input type="checkbox"/> BAPA <input type="checkbox"/> Other: _____	<input type="checkbox"/> <i>Brucella ovis</i> (ELISA) <input type="checkbox"/> BVDV Type 1 & 2 (VN) <input type="checkbox"/> CAE (ELISA) <input type="checkbox"/> CAE (AGID) <input type="checkbox"/> EHD (AGID) <input type="checkbox"/> IBR (VN) <input type="checkbox"/> Johne's MAP(ELISA)	<input type="checkbox"/> Lepto MAT (7 serovars) <input type="checkbox"/> Neospora (ELISA) <input type="checkbox"/> OPP (AGID) <input type="checkbox"/> PI 3 (VN) <input type="checkbox"/> <i>Toxoplasma gondii</i> (IFA) <input type="checkbox"/> Vesicular stomatitis NJ & IN (VN)	SEROLOGY SUBMISSION REASON <input type="checkbox"/> Initial Test <input type="checkbox"/> Retest <input type="checkbox"/> Herd Test <input type="checkbox"/> Herd Cert. / Validation <input type="checkbox"/> Post move quar. & test <input type="checkbox"/> Interstate movement <input type="checkbox"/> Exhibition <input type="checkbox"/> Sale <input type="checkbox"/> Diagnostic <input type="checkbox"/> Other: _____ <input type="checkbox"/> Export to: _____ PLEASE INCLUDE COPY OF EXPORT REQUIREMENTS
<input type="checkbox"/> Anaplasmosis (ELISA) <input type="checkbox"/> Bluetongue (ELISA) <input type="checkbox"/> BCV (IFA) <input type="checkbox"/> BLV (ELISA) <input type="checkbox"/> BLV (AGID) <input type="checkbox"/> BRSV (VN) <input type="checkbox"/> <i>Brucella abortus</i> <input type="checkbox"/> Card <input type="checkbox"/> Plate <input type="checkbox"/> Tube <input type="checkbox"/> RIV <input type="checkbox"/> BAPA <input type="checkbox"/> Other: _____	<input type="checkbox"/> <i>Brucella ovis</i> (ELISA) <input type="checkbox"/> BVDV Type 1 & 2 (VN) <input type="checkbox"/> CAE (ELISA) <input type="checkbox"/> CAE (AGID) <input type="checkbox"/> EHD (AGID) <input type="checkbox"/> IBR (VN) <input type="checkbox"/> Johne's MAP(ELISA)	<input type="checkbox"/> Lepto MAT (7 serovars) <input type="checkbox"/> Neospora (ELISA) <input type="checkbox"/> OPP (AGID) <input type="checkbox"/> PI 3 (VN) <input type="checkbox"/> <i>Toxoplasma gondii</i> (IFA) <input type="checkbox"/> Vesicular stomatitis NJ & IN (VN)		

PLEASE BRACKET SAMPLES TO BE POOLED FOR REQUESTED TESTS. SEROLOGY DOES NOT TEST POOLED SAMPLES.

Tube	Sample/Animal ID	Breed	Age	Sex	Tube	Sample/Animal ID	Breed	Age	Sex
1					16				
2					17				
3					18				
4					19				
5					20				
6					21				
7					22				
8					23				
9					24				
10					25				
11					26				
12					27				
13					28				
14					29				
15					30				

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