

# COMPANION ANIMAL SUBMISSION FORM

## Indiana Animal Disease Diagnostic Laboratories

**ADDL at Purdue University**  
 406 S University St  
 West Lafayette, IN 47907-2065  
 P: 765-494-7440 F: 765-494-9181

**HEEKE ADDL - SIPAC**  
 11367 E Purdue Farm Road  
 Dubois, IN 47527-9666  
 P: 812-678-3401 F: 812-678-3412

| ADDL USE ONLY                     |                                    | OPENED BY:                          |
|-----------------------------------|------------------------------------|-------------------------------------|
| <b>DELIVERED:</b>                 | <b>ARRIVED:</b>                    | <b>CONDITION:</b>                   |
| <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      |                                     |

ADDL BARCODE

**VETERINARIAN:**

Name \_\_\_\_\_  
 Indiana License # \_\_\_\_\_  
 Clinic \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Results:  Fax  Email \_\_\_\_\_  
 Additional Results by:  
 Email \_\_\_\_\_ Fax \_\_\_\_\_

**ANIMAL:**

Site/Farm/Unit \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, ZIP \_\_\_\_\_  
 Site/Farm/Unit Phone \_\_\_\_\_

Premise ID \_\_\_\_\_

# PREMISE ID BARCODE

**OWNER:**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, ZIP \_\_\_\_\_

**SIGNATURE FOR REGULATORY SUBMISSION:**

Veterinarian \_\_\_\_\_

Bill to Veterinarian  Bill to Owner (Phone) \_\_\_\_\_ Purdue Fund \_\_\_\_\_  
 Bill to Third Party (Name/Phone) \_\_\_\_\_ RIO/SIO \_\_\_\_\_

**HISTORY:** Clinical Problem:  Respiratory  Enteric  Neurologic  Reproductive  Other  
 Age \_\_\_\_ day wk mo yr # On Site \_\_\_\_ # In Affected Group \_\_\_\_ # Sick \_\_\_\_ # Dead \_\_\_\_ Breed \_\_\_\_\_

**Species:**

- Canine
- Feline
- Equine
- Lab Animal
- Non Animal
- Other

**Sex:**

- Male
- Female
- Male - Neutered
- Female - Spayed

Differential Diagnosis or Disease(s) Suspected \_\_\_\_\_

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

**SAMPLES SUBMITTED:**

Please visit [www.addl.purdue.edu](http://www.addl.purdue.edu) for current sample submission guidelines

| ID/Tube | Animal ID | Breed | Sex | Age | Sample Type | Fresh, chilled           | Formalin fixed           | Date Taken |
|---------|-----------|-------|-----|-----|-------------|--------------------------|--------------------------|------------|
| 1       |           |       |     |     |             | <input type="checkbox"/> | <input type="checkbox"/> |            |
| 2       |           |       |     |     |             | <input type="checkbox"/> | <input type="checkbox"/> |            |
| 3       |           |       |     |     |             | <input type="checkbox"/> | <input type="checkbox"/> |            |
| 4       |           |       |     |     |             | <input type="checkbox"/> | <input type="checkbox"/> |            |
| 5       |           |       |     |     |             | <input type="checkbox"/> | <input type="checkbox"/> |            |
| 6       |           |       |     |     |             | <input type="checkbox"/> | <input type="checkbox"/> |            |
| 7       |           |       |     |     |             | <input type="checkbox"/> | <input type="checkbox"/> |            |
| 8       |           |       |     |     |             | <input type="checkbox"/> | <input type="checkbox"/> |            |
| 9       |           |       |     |     |             | <input type="checkbox"/> | <input type="checkbox"/> |            |
| 10      |           |       |     |     |             | <input type="checkbox"/> | <input type="checkbox"/> |            |

# COMPANION ANIMAL SUBMISSION FORM PG. 2

## Indiana Animal Disease Diagnostic Laboratories

All requested tests will be run on all samples, unless otherwise indicated in the "Samples" field (e.g.  1 - 4 Aerobic Culture  5 Salmonella (PCR) )

### VETERINARIAN:

Name \_\_\_\_\_

### OWNER:

Name \_\_\_\_\_

### MOLECULAR DIAGNOSTICS

Save Isolate

- |  |  |
|--|--|
| <input type="checkbox"/> ___ 16s Sequencing (PCR)                    | <input type="checkbox"/> ___ Neospora caninum (PCR)    |
| <input type="checkbox"/> ___ Brucella spp. (PCR)                     | <input type="checkbox"/> ___ Potomac Horse Fever (PCR) |
| <input type="checkbox"/> ___ Canine Parvovirus (PCR)                 | <input type="checkbox"/> ___ Salmonella spp. (PCR)     |
| <input type="checkbox"/> ___ Eastern Equine Encephalitis Virus (PCR) | <input type="checkbox"/> ___ Toxoplasma gondii (PCR)   |
| <input type="checkbox"/> ___ Equine Herpesvirus 1 (PCR)              | <input type="checkbox"/> ___ West Nile Virus (PCR)     |
| <input type="checkbox"/> ___ Feline Panleukopenia (PCR)              |  |
| <input type="checkbox"/> ___ Influenza A (Canine/Equine) (PCR)       |  |
| <input type="checkbox"/> ___ Lawsonia intracellularis (PCR)          |  |
| <input type="checkbox"/> ___ Leptospira (PCR)                        |  |
| <input type="checkbox"/> ___ Mycoplasma spp. (PCR)                   |  |
| <input type="checkbox"/> ___ Other: _____                            |  |

### BACTERIOLOGY

Save Isolate

List suspected pathogen(s):

- Pool samples if possible (at the discretion of the lab)
- |  |  |
|--|--|
| <input type="checkbox"/> ___ Aerobic Culture                         | <input type="checkbox"/> ___ Salmonella Series             |
| <input type="checkbox"/> ___ Anaerobic Culture                       | <input type="checkbox"/> ___ Tritrichomonas foetus Culture |
| <input type="checkbox"/> ___ Antimicrobial Susceptibility (Systemic) |  |
| <input type="checkbox"/> ___ Antimicrobial Susceptibility (Topical)  |  |
| <input type="checkbox"/> ___ Brucella Culture                        |  |
| <input type="checkbox"/> ___ Campylobacter Culture                   |  |
| <input type="checkbox"/> ___ Fungal Culture                          |  |
| <input type="checkbox"/> ___ Mycoplasma Culture                      |  |
| <input type="checkbox"/> ___ Salmonella Culture                      |  |
| <input type="checkbox"/> ___ Other: _____                            |  |

### VIROLOGY

Save Isolate

List suspected virus(es):

- |   |  |
|---|--|
| <input type="checkbox"/> ___ Routine Virus Isolation (VI) | <input type="checkbox"/> ___ Feline Coronavirus (FA)     |
| <input type="checkbox"/> ___ Electron Microscopy (EM)     | <input type="checkbox"/> ___ Feline Herpesvirus (FA)     |
| <input type="checkbox"/> ___ Canine Adenovirus (FA)       | <input type="checkbox"/> ___ Feline Parvovirus (FA)      |
| <input type="checkbox"/> ___ Canine Distemper Virus (FA)  | <input type="checkbox"/> ___ Equine Arteritis Virus (VI) |
| <input type="checkbox"/> ___ Canine Herpesvirus (FA)      | <input type="checkbox"/> ___ Equine Herpesvirus 1+4 (FA) |
| <input type="checkbox"/> ___ Canine Parvovirus (FA)       |  |
| <input type="checkbox"/> ___ Other: _____                 |  |

### TOXICOLOGY

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

- |   |   |
|---|---|
| <input type="checkbox"/> ___ Anticoagulant                    | <input type="checkbox"/> ___ Heavy Metal Screen |
| <input type="checkbox"/> ___ Blue Green Algae                 | <input type="checkbox"/> ___ Lead               |
| <input type="checkbox"/> ___ Bone Marrow Fat                  | <input type="checkbox"/> ___ Plant/Fungus ID    |
| <input type="checkbox"/> ___ Copper                           | <input type="checkbox"/> ___ Vitamin E/Selenium |
| <input type="checkbox"/> ___ GC/MS Toxicant Screen            | <input type="checkbox"/> ___ Zinc               |
| <input type="checkbox"/> ___ Mycotoxin Screen (AFB, DON, ZEA) |   |
| <input type="checkbox"/> ___ Single Mycotoxin: _____          |   |
| <input type="checkbox"/> ___ Other: _____                     |   |

### PARASITOLOGY

List suspected parasite(s):

- |   |  |
|---|--|
| <input type="checkbox"/> ___ Fecal flotation, Qualitative                   | <input type="checkbox"/> ___ Fecal exam, Direct        |
| <input type="checkbox"/> ___ Fecal flotation, Quantitative                  | <input type="checkbox"/> ___ Fecal exam, Sedimentation |
| <input type="checkbox"/> ___ Fecal flotation, Qualitative ZnSO <sub>4</sub> | <input type="checkbox"/> ___ Parasite identification   |
| <input type="checkbox"/> ___ Giardia Panel                                  | <input type="checkbox"/> ___ Knott's test              |
| <input type="checkbox"/> ___ Fecal Cryptosporidium - Acid Fast Stain        |  |
| <input type="checkbox"/> ___ Fecal larval exam - Baermann technique         |  |
| <input type="checkbox"/> ___ Canine Heartworm Antigen Test (ELISA)          |  |
| <input type="checkbox"/> ___ Feline Heartworm Antibody Test (ELISA)         |  |

### SEROLOGY

Date Bled: \_\_\_\_\_ # Samples: \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> ___ Brucella canis (RSAT)          | <input type="checkbox"/> ___ Feline parvovirus (panleukopenia) (IFA) |
| <input type="checkbox"/> ___ Canine distemper (IFA)         | <input type="checkbox"/> ___ Leptospira (MAT)                        |
| <input type="checkbox"/> ___ Canine herpesvirus (IFA)       | <input type="checkbox"/> ___ Piroplasmosis B. caballi (cELISA)       |
| <input type="checkbox"/> ___ Canine parvovirus (IFA)        | <input type="checkbox"/> ___ Piroplasmosis T. equi (cELISA)          |
| <input type="checkbox"/> ___ Equine viral arteritis (VN)    | <input type="checkbox"/> ___ Potomac Horse Fever (IFA)               |
| <input type="checkbox"/> ___ Equine herpesvirus-1 (VN)      | <input type="checkbox"/> ___ Rotavirus (IFA)                         |
| <input type="checkbox"/> ___ Feline coronavirus (FIP) (IFA) | <input type="checkbox"/> ___ Toxoplasma gondii (IFA)                 |
| <input type="checkbox"/> ___ Feline herpesvirus (IFA)       | <input type="checkbox"/> ___ Vesicular stomatitis virus NJ & IN (VN) |
| <input type="checkbox"/> ___ Other: _____                   |  |

### SEROLOGY SUBMISSION REASON

- Initial Test
- Retest
- Post move quarantine & test
- Exhibition
- Sale
- Diagnostic
- Other: \_\_\_\_\_
- Export to: \_\_\_\_\_

**PLEASE INCLUDE COPY OF EXPORT REQUIREMENTS**