

# SMALL ANIMAL & EXOTICS 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		# PAGES:
<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	

**\*\*\*If you are submitting an entire body for necropsy, CF.929 Necropsy Submission Form must be used\*\*\***  
**\*\*\*If the case may have potential legal ramifications, CF.1023 Legal Necropsy Submission Form must be used\*\*\***

VETERINARIAN:	ANIMAL:
Name _____	Site/Farm/Unit _____
Indiana License # _____	Address _____
Clinic _____	City, State, ZIP _____
Address _____	Site/Farm/Unit Phone _____
City, State, ZIP _____	<div style="border: 1px solid black; padding: 10px;">                     Premises ID  <h1 style="margin: 0;">PREMISES ID BARCODE</h1> </div>
Phone _____ Fax _____	
Results: <input type="checkbox"/> Fax <input type="checkbox"/> Email _____	
Additional Results by: Email _____ Fax _____	
<b>OWNER:</b>	<b><u>SIGNATURE REQUIRED FOR REGULATORY SUBMISSION:</u></b>
Name _____	
Address _____	
City, State, ZIP _____	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  Surveillance

Age \_\_\_\_ day wk mo yr # On Site \_\_\_\_ # In Affected Group \_\_\_\_ # Sick \_\_\_\_ # Dead \_\_\_\_ Breed \_\_\_\_\_

**Species:**  
**NO PRIMATE SAMPLES**  
 Canine  
 Feline  
  
 Lab Animal  
 Other  
  
**Sex:**  
 Male  
 Female  
 Male - Neutered  
 Female - Spayed

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

Rabies Suspect & County \_\_\_\_\_  Histopathology  IHC  Serology (see page 2)  Insurance  Fetal/Neonatal Protocol

Diagnostician Discretion (ADDL Diagnostician will select tests, based on history provided); Diagnostician Budget \_\_\_\_\_

**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"/>	

The owner of the animal or any agent acting with the express authority of the owner agrees that the specimens have been submitted to ADDL and will be handled by ADDL in accordance with ADDL testing procedures, policies, and fees. This handling will include all specified testing and safe disposal of the animal's remains. Specimens and derived isolates become the property of the Indiana ADDL and may be used for teaching or research purposes. The owner expressly consents to such use. In addition to the testing specified above, 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](http://www.addl.purdue.edu)

ADDL BARCODE

# SMALL ANIMAL & EXOTICS SUBMISSION FORM PG. 2

## Indiana Animal Disease Diagnostic Laboratories

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

### VETERINARIAN:

Name \_\_\_\_\_

### OWNER:

Name \_\_\_\_\_

#### VIROLOGY

Save Isolate

List suspected virus(es):

\_\_\_ Virus Isolation (VI) - list below  
\_\_\_\_\_

\_\_\_ Feline Leukemia Virus (FA)

\_\_\_ Other: \_\_\_\_\_

#### MOLECULAR DIAGNOSTICS

\_\_\_ *Bordetella bronchiseptica* PCR

\_\_\_ *Brucella* spp. PCR

\_\_\_ Canine Adenovirus-1 (CAV1) PCR

\_\_\_ Canine Adenovirus-2 (CAV2) PCR

\_\_\_ Canine Coronavirus -Respiratory PCR

\_\_\_ Canine Distemper Virus (CDV) PCR

\_\_\_ Canine Distemper Virus (CDV) Typing

\_\_\_ Canine Herpesvirus (CHV) PCR

\_\_\_ Canine Parvovirus (CPV) PCR

\_\_\_ Canine Parvovirus (CPV) Typing

\_\_\_ Canine Parainfluenza (CPIV) PCR

\_\_\_ *Chlamydia* spp. PCR

\_\_\_ *Clostridium difficile* A/B PCR

\_\_\_ *Clostridium perfringens* + Toxins PCR

\_\_\_ *Cryptosporidium* sp. PCR

\_\_\_ 16s Sequencing PCR

\_\_\_ Feline Calicivirus (FCV) PCR

\_\_\_ Feline Coronavirus (FCoV) PCR

\_\_\_ Feline Herpesvirus (FeHV) PCR

\_\_\_ Feline Panleukopenia Virus (FPV) PCR

\_\_\_ Influenza A Virus (IAV) PCR

\_\_\_ *Leptospira* spp. PCR

\_\_\_ *Mycoplasma* spp. PCR

\_\_\_ *Neospora caninum* PCR

\_\_\_ *Salmonella* spp. PCR

\_\_\_ *Toxoplasma gondii* PCR

\_\_\_ West Nile Virus (WNV) PCR

\_\_\_ *Streptococcus equi* ssp. *zoepidemicus* PCR

#### BACTERIOLOGY

Save Isolate

List suspected pathogen(s):

Pool samples if possible (at discretion of the lab)

\_\_\_ Aerobic Culture Choose at least one option

\_\_\_ Anaerobic Culture blew for SALMONELLA

\_\_\_ *Bordetella* sp. Culture POSITIVES. See ADDL

\_\_\_ *Brucella* sp. Culture website for more info.

\_\_\_ *Campylobacter* sp. Culture  Serogrouping

\_\_\_ Fungal Culture  Serotyping (NVSL)

\_\_\_ *Salmonella* sp. Culture \_\_\_\_\_

\_\_\_ Antimicrobial Susceptibility (Topical)

\_\_\_ Antimicrobial Susceptibility (Systemic)

\_\_\_ *Tritrichomonas foetus* Culture

\_\_\_ Other: \_\_\_\_\_

#### Targeted Next Generation Sequencing (NGS)

List syndromic issue:

\_\_\_ Vector-borne Targeted NGS Panel

**\*Visit [www.addl.purdue.edu](http://www.addl.purdue.edu) & search**

**Vector-borne NGS for more information**

#### PCR PANELS

\_\_\_ Canine Respiratory PCR Panel (CDV, CHV, CPIV, CRCoV, CAV-2, Flu A, *Bordetella*, *Myc.*)

\_\_\_ Feline Respiratory PCR Panel (FCV, FeHV, *Mycoplasma* spp., *Chlamydia* spp.)

\_\_\_ Other: \_\_\_\_\_

#### SEROLOGY

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

\_\_\_ *Brucella canis* (IFA)

\_\_\_ Canine Distemper Virus (IFA)

\_\_\_ Canine Herpesvirus (IFA)

\_\_\_ Canine Parvovirus (IFA)

\_\_\_ Feline Coronavirus (FIP) (IFA)

\_\_\_ Feline Herpesvirus (IFA)

\_\_\_ Feline Parvovirus (panleukopenia) (IFA)

\_\_\_ *Leptospira* spp. (MAT) 7 serovars

\_\_\_ *Toxoplasma gondii* (IFA)

\_\_\_ Wallaby Retrovirus (IFA)

\_\_\_ Other: \_\_\_\_\_

#### TOXICOLOGY

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

\_\_\_ Anticoagulant

\_\_\_ Blue Green Algae (Microcystins)

\_\_\_ Bone Marrow Fat

\_\_\_ GC/MS Toxicant Screen

\_\_\_ Mycotoxin Screen (AFB, DON, ZEA)

\_\_\_ Single Mycotoxin: \_\_\_\_\_

\_\_\_ Plant/Fungus ID

\_\_\_ Toxic Metals - Blood (As, Cd, Cr, Pb)

\_\_\_ Trace Mineral - Serum/Plasma

(Ca, Cu, Fe, Mg, Se, Zn)

\_\_\_ Trace Mineral/Toxic Metal - Tissue

(Cd, Co, Cu, Fe, Pb, Mn, Mo, Se, Zn)

\_\_\_ Other: \_\_\_\_\_

#### PARASITOLOGY

List suspected parasite(s):

\_\_\_ Fecal flotation, Qualitative

\_\_\_ Fecal flotation, Quantitative

\_\_\_ Fecal flotation, Qualitative ZnSO<sub>4</sub>

\_\_\_ *Giardia/Crypto* Panel (ZnSO<sub>4</sub>, FA)

\_\_\_ Fecal larval exam - Baermann technique

\_\_\_ Canine Heartworm Antigen Test (ELISA)

\_\_\_ Fecal exam, Direct

\_\_\_ Fecal exam, Sedimentation

\_\_\_ Parasite identification

\_\_\_ Knott's test

#### SEROLOGY SUBMISSION REASON

Initial Test

Retest

Other: \_\_\_\_\_

Export to/date: \_\_\_\_\_

**PLEASE INCLUDE COPY OF EXPORT REQUIREMENTS**