

Indiana ADDL Submission Form Instructions

Indiana ADDL Submission forms can be broken down into four sections: **Demographic and Billing Information, Signalment and History, Sample Information,** and **Requested Tests.**

Demographic and Billing Information

VETERINARIAN: Name <u>Sample Veterinarian</u> Indiana License # <u>0000</u> Clinic <u>Indiana ADDL</u> Address <u>406 S University St</u> City, State, ZIP <u>West Lafayette, IN 47907</u> Phone <u>765-494-7440</u> Fax <u>765-494-9181</u> Results: <input checked="" type="checkbox"/> Fax <input checked="" type="checkbox"/> Email <u>addl@purdue.edu</u> Additional Results by: Email <u>addl2@purdue.edu</u> Fax _____	ANIMAL: Site/Farm/Unit <u>Sample Farm</u> Address <u>456 Street St</u> City, State, ZIP <u>West Lafayette, IN 47906</u> Premise ID <u>00ABC12</u> PREMISE ID BARCODE
OWNER: Name <u>Sample Owner</u> Address <u>123 Street St</u> City, State, ZIP <u>West Lafayette, IN 47906</u>	SIGNATURE FOR REGULATORY SUBMISSION: Veterinarian _____
Responsible Billing Party: <input checked="" type="checkbox"/> Referring Veterinarian <input type="checkbox"/> Owner <input type="checkbox"/> Third Party _____	
Purdue Account #: Fund _____ RIO/SIO _____	

Tips:

- Please enter as much information as possible.
- Make sure to choose the method by which to receive results.
- To send results to an additional email or fax number, enter that data in the available fields
- If the Premise ID is known, it can be entered in the available field. To request pre-printed Premise ID Barcode labels, please contact addl@purdue.edu.
- Use the Responsible Billing Party checkboxes to let us know who ADDL is to bill for the submission.
- **IMPORTANT:** Do not affix any barcode stickers above this section of the submission form.

Signalment and History

HISTORY: Clinical Problem: <input type="checkbox"/> Respiratory <input type="checkbox"/> Enteric <input type="checkbox"/> Neurologic <input type="checkbox"/> Reproductive <input checked="" type="checkbox"/> Other		Species: <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input checked="" type="checkbox"/> Equine <input type="checkbox"/> Lab Animal <input type="checkbox"/> Non Animal <input type="checkbox"/> Other
Age <u>10</u> day wk <u>1</u> yr # On Site <u>10</u> # In Affected Group <u>10</u> # Sick <u>10</u> # Dead <u>0</u> Breed _____		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male - Neutered <input type="checkbox"/> Female - Spayed
A detailed history describing symptoms, changes, vaccinations, in general any information that could help diagnose the affected animal(s).		
Differential Diagnosis or Disease(s) Suspected <u>Unsure</u>		
<input type="checkbox"/> Legal/Insurance <input type="checkbox"/> Rabies Suspect <input type="checkbox"/> Necropsy <input type="checkbox"/> Abortion Protocol <input type="checkbox"/> Histopathology <input type="checkbox"/> IHC <input type="checkbox"/> Serology (see page 2) <input checked="" type="checkbox"/> Diagnostician Discretion (ADDL Diagnostician will select tests, based on history provided) If no tests are marked, 'Diagnostician Discretion' will be assumed.		

Tips:

- Please enter as much information as possible, especially the history of the patient(s). A detailed history is an immensely helpful aid in diagnosis.
- If multiple breeds/sexes are on one submission, that information can be entered in the **Sample Information** section of the submission form.

Sample Information

SAMPLES SUBMITTED:		Please visit 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	Patient 1	Arabian	F	1yr	Serum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3/9/2018
2	Patient 2	Palomino	M	2yr	Lung	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3/9/2018
3	Patient 3	Thoroughbred	M	6mo	Lung	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3/9/2018
4	"	"	"	"	Liver	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3/9/2018
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"/>	

Tips:

- Please enter as much information as possible, but only one sample type per line.
- The ID/Tube number next to each Animal ID is used in the **Requested Tests** section of the submission form to specify which test should be performed on which sample.
- **IMPORTANT:** Please visit www.addl.purdue.edu to view current sample submission guidelines.

Requested Tests

<input checked="" type="checkbox"/> MOLECULAR DIAGNOSTICS		<input type="checkbox"/> Save Isolate	
	Individual	Samples	Pooled
			Samples (max. 5)
16s Sequencing (PCR)	<input type="checkbox"/>	_____	<input type="checkbox"/>
Brucella spp. (PCR)	<input type="checkbox"/>	_____	<input type="checkbox"/>
Canine Parvovirus (PCR)	<input type="checkbox"/>	_____	<input type="checkbox"/>
Eastern Equine Encephalitis Virus (PCR)	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>
Equine Herpesvirus 1 (PCR)	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>
Feline Panleukopenia (PCR)	<input type="checkbox"/>	_____	<input type="checkbox"/>
Influenza A (Canine/Equine) (PCR)	<input type="checkbox"/>	_____	<input type="checkbox"/>
Lawsonia intracellularis (PCR)	<input type="checkbox"/>	_____	<input type="checkbox"/>
Leptospira (PCR)	<input type="checkbox"/>	_____	<input type="checkbox"/>
Neospora caninum (PCR)	<input type="checkbox"/>	_____	<input type="checkbox"/>
Potomac Horse Fever (PCR)	<input type="checkbox"/>	_____	<input checked="" type="checkbox"/>
Salmonella spp. (PCR)	<input type="checkbox"/>	_____	<input type="checkbox"/>
Toxoplasma gondii (PCR)	<input type="checkbox"/>	_____	<input type="checkbox"/>
West Nile Virus (PCR)	<input type="checkbox"/>	_____	<input type="checkbox"/>

<input checked="" type="checkbox"/> VIROLOGY		<input checked="" type="checkbox"/> Save Isolate	
List suspected virus(es): A suspected virus			
<input checked="" type="checkbox"/> 2,3 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 checked="" type="checkbox"/> 1 Equine Herpesvirus 1+4 (FA)		
<input type="checkbox"/> Canine Parvovirus (FA)			
<input type="checkbox"/> Other: _____			

<input checked="" type="checkbox"/> TOXICOLOGY	
List suspected toxin(s)/toxicant(s):	
<input type="checkbox"/> Anticoagulant	<input checked="" type="checkbox"/> 4 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

Tips:

- Please enter as much information as possible when available.
- Use the ID/Tube number from the **Sample Information** section of the submission form to specify which test should be performed on which sample.
- To request one test on one sample, enter the single ID/Tube number in the Samples field next to the requested test.
- To request one test on multiple samples, enter the specific ID/Tube numbers in the Samples field next to the requested test (i.e. 1,2,4 or 1-4).
- To request samples be pooled before testing, enter the specific ID/Tube numbers in the Pooled Samples field next to the requested test (i.e. 1,2,4 or 1-4). Pools may contain a maximum of five samples unless otherwise specified.
- **IMPORTANT:** The Requested Tests section of the submission form is dependent upon the type of submission form used. Please follow any instructions that are given. Please visit www.addl.purdue.edu to view current test availability.