

RUMINANT 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:

DELIVERED:

- UPS
 FedEx
 DHL
 USPS
 Exp Mail
 Drop-Off

ARRIVED:

- Chilled
 Frozen
 Room Temp
 Cold Pack
 Dry Ice
 None

CONDITION:

- Good
 Broken Jar
 Leaked

VETERINARIAN:

Name _____

Indiana License # _____

Clinic _____

Address _____

City, State, ZIP _____

Phone _____ Fax _____

Results: Fax Email _____

Additional Results by:

Email _____ Fax _____

OWNER:

Name _____

Address _____

City, State, ZIP _____

ANIMAL:

Site/Farm/Unit _____

Address _____

City, State, ZIP _____

Site/Farm/Unit Phone _____

Premise ID _____



SIGNATURE FOR REGULATORY SUBMISSION:

Veterinarian _____

ADDL BARCODE

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:

- Bovine
 Ovine
 Caprine
 Camelid
 Cervid
 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 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"/>	

RUMINANT SUBMISSION FORM PG. 2

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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 _____

BVDV TESTING

Specimens must be shipped with ice packs.

Ear Notch/Biopsy (max. 25/pool) EDTA Blood Serum Tissue

	Individual	Samples	Pooled	Samples (max. 5)
BVDV (PCR)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
BVDV (FA)	<input type="checkbox"/>	_____		
BVDV ACE (Antigen Capture ELISA)	<input type="checkbox"/>	_____		

MOLECULAR DIAGNOSTICS

Save Isolate

	Individual	Samples	Pooled*	Samples (max. 5)
Anaplasma marginale (PCR)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Bovine Coronavirus (PCR)	<input type="checkbox"/>	_____		
Bovine Rotavirus (PCR)	<input type="checkbox"/>	_____		
Bovine Viral Diarrhea Virus (PCR)	<input type="checkbox"/>	_____		
Coxiella burnetti (Q Fever) (PCR)	<input type="checkbox"/>	_____		
EHD (PCR)	<input type="checkbox"/>	_____		
Johne's MAP (PCR)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Leptospira (PCR)	<input type="checkbox"/>	_____		
Mycoplasma bovis (PCR)	<input type="checkbox"/>	_____		
Mycoplasma spp. (PCR)	<input type="checkbox"/>	_____		
Salmonella spp. (PCR)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Tritrichomonas foetus (PCR)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Bovine Respiratory Viral Panel (BCV, BRSV, BVDV, IBR, PI3)	<input type="checkbox"/>	_____		
Bovine Neonatal Diarrhea Screen (BCV, BRV, Crypto, K99, Salm)	<input type="checkbox"/>	_____		
Bovine Corona/Rota Duplex PCR (BCV, BRV)	<input type="checkbox"/>	_____		
Other: _____	<input type="checkbox"/>	_____		

*Visit www.addl.purdue.edu for Molecular Diagnostics pooling guidelines

PARASITOLOGY

List suspected parasite(s):

- Fecal flotation, Qualitative Fecal exam, Direct
 Fecal flotation, Quantitative Fecal exam, Sedimentation
 Fecal flotation, Qualitative ZnSO₄ Parasite identification
 Fecal Cryptosporidium - Acid Fast Stain
 Fecal larval exam - Baermann technique

SEROLOGY

Date Bled: _____ # Samples: _____

- Anaplasmosis (ELISA) BVDV Type 1 & 2 (VN) Neospora caninum (ELISA)
 Bluetongue (ELISA) CAE (AGID) OPP (AGID)
 BCV (IFA) CAE (ELISA) OPP (ELISA)
 BLV (AGID) EHD (AGID) PI 3 (VN)
 BLV (ELISA) IBR (VN) Rotavirus (IFA)
 BRSV (VN) Johne's MAP (ELISA) Toxoplasma gondii (IFA)
 Brucella abortus (AGGLUT) Leptospira (MAT) Vesicular stomatitis NJ & IN (VN)
 Other: _____

SEROLOGY SUBMISSION REASON

- Initial Test Retest
 Exhibition Sale
 Herd Test Diagnostisc
 Herd Certification/Validation
 Interstate movement
 Post move quarantine & test
 Other: _____

Export to: _____
PLEASE INCLUDE COPY OF EXPORT REQUIREMENTS

VIROLOGY

Save Isolate

List suspected virus(es):

- Routine Virus Isolation (VI) EHD (FA)
 Electron Microscopy (EM) EHD (VI)
 Bovine Respiratory Panel - Bovine Enteric Panel -
 BRSV (FA) BCV (FA)
 BVDV (FA) BRTV (FA)
 IBR (FA) BVDV (FA)
 PI3 (FA)
 Other: _____

BACTERIOLOGY

Save Isolate

List suspected pathogen(s):

- Pool samples if possible (at the discretion of the lab)
 Aerobic Culture Histotoxic Clostridium (FA)
 Anaerobic Culture Listeria Culture
 Antimicrobial Susceptibility Milk, Aerobic Culture
 Brucella Culture Salmonella Culture
 Fungal Culture Tritrichomonas foetus Culture
 Other: _____

TOXICOLOGY

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

- Blue Green Algae Nitrates
 Bone Marrow Fat Plant ID/Seed ID
 Copper Selenium
 GC/MS Toxicant Screen Selenium/Vitamin E
 Heavy Metal Screen Sulfur
 Lead Vitamin E
 Magnesium White Snakeroot
 Mycotoxin Screen (AFB, DON, ZEA)
 Single Mycotoxin: _____
 Other: _____