

SEROLOGY 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 _____**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****SPECIES**

- Bovine
- Canine
- Caprine
- Cervid
- Equine
- Feline
- Ovine
- Porcine
- Other

BLEED DATE

____ / ____ / ____

ADDITIONAL INFORMATION/SPECIAL INSTRUCTIONS/OTHER TESTS**All requested tests will be run on all samples, unless otherwise indicated in the "Samples" field (e.g. 1 - 4 Rotavirus (IFA) 5 EHV-1 (VN))****TESTS REQUESTED:** (List Tube numbers and animal information on Page 2)**MULTI-SPECIES**

- _____ Influenza grp A (ELISA)
- _____ Brucella abortus (AGGLUT)
- _____ Leptospira (MAT)
- _____ Toxoplasma gondii (IFA)
- _____ Vesicular stomatitis NJ & IN (VN)
- _____ Wallaby retrovirus (IFA)

EQUINE

- _____ EAV (VN)
- _____ EHV-1 (VN)
- _____ Piroplasmosis B. caballi (cELISA)
- _____ Piroplasmosis T. equi (cELISA)
- _____ Potomac Horse Fever (IFA)
- _____ Rotavirus (IFA)

RUMINANTS

- _____ Anaplasmosis (ELISA)
- _____ BCV (IFA)
- _____ BLV (AGID)
- _____ BLV (ELISA)
- _____ BRSV (VN)
- _____ BTV (ELISA)
- _____ BVDV Type 1 & 2 (VN)
- _____ CAEV (AGID)
- _____ CAEV (ELISA)
- _____ EHD (AGID)
- _____ IBR (VN)
- _____ Johne's MAP (ELISA)
- _____ Neospora caninum (ELISA)
- _____ OPP (AGID)
- _____ OPP (ELISA)
- _____ PI-3 (VN)
- _____ Rotavirus (IFA)

PORCINE

- _____ M. hyopneumoniae (ELISA)
- _____ PCV (IFA)
- _____ PEDV (IFA)
- _____ PPV (IFA)
- _____ PRRS (3X ELISA)
- _____ PRRS (IFA)
- _____ PRV gB (ELISA)
- _____ PRV (VN)
- _____ Rotavirus (IFA)
- _____ Swine Influenza (ELISA)
- _____ TGE (VN)
- _____ TGE/PRCV (ELISA)

SMALL ANIMAL

- _____ Brucella canis (RSAT)
- _____ CDV (IFA)
- _____ CHV (IFA)
- _____ CPV (IFA)
- _____ FCV/FIP (IFA)
- _____ FHV (IFA)
- _____ FPV (IFA)

SEROLOGY SUBMISSION FORM PG. 2

Indiana Animal Disease Diagnostic Laboratories

If there are more than 40 samples in this submission, please include a Multiple Animal Continuation form for additional animals/samples

VETERINARIAN:

Name _____

OWNER:

Name _____

SAMPLES SUBMITTED:

Please visit www.addl.purdue.edu for current sample submission guidelines

ID/Tube	Animal ID	Breed	Sex	Age	Serum	Oral Fluid
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"/>
11					<input type="checkbox"/>	<input type="checkbox"/>
12					<input type="checkbox"/>	<input type="checkbox"/>
13					<input type="checkbox"/>	<input type="checkbox"/>
14					<input type="checkbox"/>	<input type="checkbox"/>
15					<input type="checkbox"/>	<input type="checkbox"/>
16					<input type="checkbox"/>	<input type="checkbox"/>
17					<input type="checkbox"/>	<input type="checkbox"/>
18					<input type="checkbox"/>	<input type="checkbox"/>
19					<input type="checkbox"/>	<input type="checkbox"/>
20					<input type="checkbox"/>	<input type="checkbox"/>
21					<input type="checkbox"/>	<input type="checkbox"/>
22					<input type="checkbox"/>	<input type="checkbox"/>
23					<input type="checkbox"/>	<input type="checkbox"/>
24					<input type="checkbox"/>	<input type="checkbox"/>
25					<input type="checkbox"/>	<input type="checkbox"/>
26					<input type="checkbox"/>	<input type="checkbox"/>
27					<input type="checkbox"/>	<input type="checkbox"/>
28					<input type="checkbox"/>	<input type="checkbox"/>
29					<input type="checkbox"/>	<input type="checkbox"/>
30					<input type="checkbox"/>	<input type="checkbox"/>
31					<input type="checkbox"/>	<input type="checkbox"/>
32					<input type="checkbox"/>	<input type="checkbox"/>
33					<input type="checkbox"/>	<input type="checkbox"/>
34					<input type="checkbox"/>	<input type="checkbox"/>
35					<input type="checkbox"/>	<input type="checkbox"/>
36					<input type="checkbox"/>	<input type="checkbox"/>
37					<input type="checkbox"/>	<input type="checkbox"/>
38					<input type="checkbox"/>	<input type="checkbox"/>
39					<input type="checkbox"/>	<input type="checkbox"/>
40					<input type="checkbox"/>	<input type="checkbox"/>