

# TOXICOLOGY 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	

### 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 \_\_\_\_\_

**PREMISE ID  
BARCODE**

### 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:

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

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

- Legal/Insurance
  - Please have the Toxicologist call us for consultation before initiating tests
  - Diagnostician Discretion (ADDL Diagnostician will select tests, based on history provided)
- If no tests are marked, 'Diagnostician Discretion' will be assumed.**

All requested tests will be run on all samples, unless otherwise indicated in the "Samples" field (e.g.  1 - 4 GC/MS Toxicant Screen  5 Selenium)

### TESTS REQUESTED: (List animal information and sample type on Page 2)

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> ____ Anticoagulant               | <input type="checkbox"/> ____ GC/MS Toxicant Screen              | <input type="checkbox"/> ____ Mycotoxin - T-2 Toxin                     | <input type="checkbox"/> ____ Sodium               |
| <input type="checkbox"/> ____ Arsenic                     | <input type="checkbox"/> ____ Heavy Metal Screen                 | <input type="checkbox"/> ____ Mycotoxin - Zearalenone                   | <input type="checkbox"/> ____ Sulfur               |
| <input type="checkbox"/> ____ Blue Green Algae            | <input type="checkbox"/> ____ Iron                               | <input type="checkbox"/> ____ Mycotoxin Screen <sup>2</sup>             | <input type="checkbox"/> ____ Trace Mineral Screen |
| <input type="checkbox"/> ____ Bone Marrow Fat             | <input type="checkbox"/> ____ Lead                               | <input type="checkbox"/> ____ Mycotoxin Screen <sup>2</sup> + Fumonisin | <input type="checkbox"/> ____ Vitamin E            |
| <input type="checkbox"/> ____ Bone Screen                 | <input type="checkbox"/> ____ Magnesium                          | <input type="checkbox"/> ____ Nitrate                                   | <input type="checkbox"/> ____ Water Quality Screen |
| <input type="checkbox"/> ____ Calcium                     | <input type="checkbox"/> ____ Methylxanthine Screen <sup>1</sup> | <input type="checkbox"/> ____ pH Measurement                            | <input type="checkbox"/> ____ White Snakeroot      |
| <input type="checkbox"/> ____ Cholinesterase              | <input type="checkbox"/> ____ Minerals (Feed)                    | <input type="checkbox"/> ____ Phosphorus                                | <input type="checkbox"/> ____ Zinc                 |
| <input type="checkbox"/> ____ Copper                      | <input type="checkbox"/> ____ Mycotoxin - Aflatoxin              | <input type="checkbox"/> ____ Plant ID/Seed ID                          |  |
| <input type="checkbox"/> ____ Cyanide                     | <input type="checkbox"/> ____ Mycotoxin - Deoxynivalenol         | <input type="checkbox"/> ____ Selenium                                  |  |
| <input type="checkbox"/> ____ Drug Testing (Call Tox Lab) | <input type="checkbox"/> ____ Mycotoxin - Fumonisin              | <input type="checkbox"/> ____ Selenium/Vitamin E Screen                 |  |
| <input type="checkbox"/> ____ Other: _____                |  |   |  |

<sup>1</sup> Caffeine, Theobromine, Theophylline <sup>2</sup> Aflatoxin, Deoxynivalenol, Zearalenone

ADDL BARCODE

# TOXICOLOGY 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](http://www.addl.purdue.edu) for current sample submission guidelines

ID/Tube	Animal ID	Breed	Sex	Age	Sample Type	Date Taken
1						
2						
3						
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