

COMPANION ANIMAL 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:	ARRIVED:	CONDITION:
<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	

ADDL BARCODE

VETERINARIAN:

Name _____

Indiana License # _____

Clinic _____

Address _____

City, State, ZIP _____

Phone _____ Fax _____

Results: Fax Email _____

Additional Results by:

Email _____ Fax _____

ANIMAL:

Site/Farm/Unit _____

Address _____

City, State, ZIP _____

Site/Farm/Unit Phone _____

Premise ID _____

PREMISE ID

BARCODE

OWNER:

Name _____

Address _____

City, State, ZIP _____

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:

- Canine
- Feline
- Equine
- Lab Animal
- Non Animal
- 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"/>	

COMPANION ANIMAL SUBMISSION FORM PG. 2

Indiana Animal Disease Diagnostic Laboratories

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 _____

MOLECULAR DIAGNOSTICS

Save Isolate

- ___ 16s Sequencing (PCR) ___ Salmonella spp. (PCR)
 ___ Brucella spp. (PCR) ___ Toxoplasma gondii (PCR)
 ___ Canine Parvovirus (PCR) ___ West Nile Virus (PCR)
 ___ Eastern Equine Encephalitis Virus (PCR)
 ___ Equine Herpesvirus 1 (PCR)
 ___ Feline Panleukopenia (PCR)
 ___ Influenza A (Canine/Equine) (PCR)
 ___ Lawsonia intracellularis (PCR)
 ___ Leptospira (PCR)
 ___ Neospora caninum (PCR)
 ___ Potomac Horse Fever (PCR)
 ___ Other: _____

BACTERIOLOGY

Save Isolate

List suspected pathogen(s):

- Pool samples if possible (at the discretion of the lab)
- ___ Aerobic Culture ___ Salmonella Series
 ___ Anaerobic Culture ___ Tritrichomonas foetus Culture
 ___ Antimicrobial Susceptibility (Systemic)
 ___ Antimicrobial Susceptibility (Topical)
 ___ Brucella Culture
 ___ Campylobacter Culture
 ___ Fungal Culture
 ___ Mycoplasma Culture
 ___ Salmonella Culture
 ___ Other: _____

VIROLOGY

Save Isolate

List suspected virus(es):

- ___ Routine Virus Isolation (VI) ___ Feline Coronavirus (FA)
 ___ Electron Microscopy (EM) ___ Feline Herpesvirus (FA)
 ___ Canine Adenovirus (FA) ___ Feline Parvovirus (FA)
 ___ Canine Distemper Virus (FA) ___ Equine Arteritis Virus (VI)
 ___ Canine Herpesvirus (FA) ___ Equine Herpesvirus 1+4 (FA)
 ___ Canine Parvovirus (FA)
 ___ Other: _____

TOXICOLOGY

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

- ___ Anticoagulant ___ Heavy Metal Screen
 ___ Blue Green Algae ___ Lead
 ___ Bone Marrow Fat ___ Plant/Fungus ID
 ___ Copper ___ Vitamin E/Selenium
 ___ GC/MS Toxicant Screen ___ Zinc
 ___ Mycotoxin Screen (AFB, DON, ZEA)
 ___ Single Mycotoxin: _____
 ___ Other: _____

PARASITOLOGY

List suspected parasite(s):

- ___ Fecal flotation, Qualitative ___ Fecal exam, Direct
 ___ Fecal flotation, Quantitative ___ Fecal exam, Sedimentation
 ___ Fecal flotation, Qualitative ZnSO₄ ___ Parasite identification
 ___ Giardia Panel ___ Knott's test
 ___ Fecal Cryptosporidium - Acid Fast Stain
 ___ Fecal larval exam - Baermann technique
 ___ Canine Heartworm Antigen Test (ELISA)
 ___ Feline Heartworm Antibody Test (ELISA)

SEROLOGY

Date Bled: _____ # Samples: _____

- ___ Brucella canis (RSAT) ___ Feline parvovirus (panleukopenia) (IFA)
 ___ Canine distemper (IFA) ___ Leptospira (MAT)
 ___ Canine herpesvirus (IFA) ___ Piroplasmosis B. caballi (cELISA)
 ___ Canine parvovirus (IFA) ___ Piroplasmosis T. equi (cELISA)
 ___ Equine viral arteritis (VN) ___ Potomac Horse Fever (IFA)
 ___ Equine herpesvirus-1 (VN) ___ Rotavirus (IFA)
 ___ Feline coronavirus (FIP) (IFA) ___ Toxoplasma gondii (IFA)
 ___ Feline herpesvirus (IFA) ___ Vesicular stomatitis virus NJ & IN (VN)
 Other: _____

SEROLOGY SUBMISSION REASON

- Initial Test
 Retest
 Post move quarantine & test
 Exhibition
 Sale
 Diagnostic
 Other: _____
 Export to: _____

PLEASE INCLUDE COPY OF EXPORT REQUIREMENTS