

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 # PAGES:

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

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"/>	

The owner of the animal or any agent acting with the express authority of the owner agrees that the specimens have been submitted to ADDL and will be handled by ADDL in accordance with ADDL testing procedures, policies, and fees. This handling will include all specified testing and safe disposal of the animal's remains. Specimens and derived isolates become the property of the Indiana ADDL and may be used for teaching or research purposes. The owner expressly consents to such use. In addition to the testing specified above, additional testing may be done: 1) to meet state or federal surveillance programs, 2) by order of state or federal animal health officials, or 3) when a Foreign Animal Disease is suspected. This form only lists frequently requested tests. For the complete list of tests, consult the ADDL Fee Schedule.

Visit us at www.addl.purdue.edu

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 "ID #s" field (e.g. 1 - 4 Aerobic Culture 5 Salmonella (PCR))

VETERINARIAN:

Name _____

OWNER:

Name _____

MOLECULAR DIAGNOSTICS

Save Isolate

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

BACTERIOLOGY

Save Isolate

List suspected pathogen(s):

- Pool samples if possible (at the discretion of the lab)
- | | |
|--|--|
| <input type="checkbox"/> ___ Aerobic Culture | <input type="checkbox"/> ___ Salmonella Series |
| <input type="checkbox"/> ___ Anaerobic Culture | <input type="checkbox"/> ___ Tritrichomonas foetus Culture |
| <input type="checkbox"/> ___ Antimicrobial Susceptibility (Systemic) | |
| <input type="checkbox"/> ___ Antimicrobial Susceptibility (Topical) | |
| <input type="checkbox"/> ___ Brucella Culture | |
| <input type="checkbox"/> ___ Campylobacter Culture | |
| <input type="checkbox"/> ___ Fungal Culture | |
| <input type="checkbox"/> ___ Mycoplasma Culture | |
| <input type="checkbox"/> ___ Salmonella Culture | |
| <input type="checkbox"/> ___ Other: _____ | |

VIROLOGY

Save Isolate

List suspected virus(es):

- | | |
|---|--|
| <input type="checkbox"/> ___ 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 Leukemia (FA) |
| <input type="checkbox"/> ___ Canine Distemper Virus (FA) | <input type="checkbox"/> ___ Feline Parvovirus (FA) |
| <input type="checkbox"/> ___ Canine Herpesvirus (FA) | <input type="checkbox"/> ___ Equine Arteritis Virus (VI) |
| <input type="checkbox"/> ___ Canine Parvovirus (FA) | <input type="checkbox"/> ___ Equine Herpesvirus 1+4 (FA) |
| <input type="checkbox"/> ___ Other: _____ | |

TOXICOLOGY

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

- | | |
|---|---|
| <input type="checkbox"/> ___ Anticoagulant | <input type="checkbox"/> ___ 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 |
| <input type="checkbox"/> ___ Copper | <input type="checkbox"/> ___ Vitamin E/Selenium |
| <input type="checkbox"/> ___ GC/MS Toxicant Screen | <input type="checkbox"/> ___ Zinc |
| <input type="checkbox"/> ___ Mycotoxin Screen (AFB, DON, ZEA) | |
| <input type="checkbox"/> ___ Single Mycotoxin: _____ | |
| <input type="checkbox"/> ___ Other: _____ | |

PARASITOLOGY

List suspected parasite(s):

- | | |
|---|--|
| <input type="checkbox"/> ___ Fecal flotation, Qualitative | <input type="checkbox"/> ___ Fecal exam, Direct |
| <input type="checkbox"/> ___ Fecal flotation, Quantitative | <input type="checkbox"/> ___ Fecal exam, Sedimentation |
| <input type="checkbox"/> ___ Fecal flotation, Qualitative ZnSO ₄ | <input type="checkbox"/> ___ Parasite identification |
| <input type="checkbox"/> ___ Giardia Panel | <input type="checkbox"/> ___ Knott's test |
| <input type="checkbox"/> ___ Cryptosporidium FA | |
| <input type="checkbox"/> ___ Fecal larval exam - Baermann technique | |
| <input type="checkbox"/> ___ Canine Heartworm Antigen Test (ELISA) | |
| <input type="checkbox"/> ___ Feline Heartworm Antibody Test (ELISA) | |

SEROLOGY

Date Bled: _____ # Samples: _____

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

SEROLOGY SUBMISSION REASON

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

PLEASE INCLUDE COPY OF EXPORT REQUIREMENTS