

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 # 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	

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

ADDL 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:

- 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"/>	

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

CF.751 Ruminant Submission Form 3/9/2020

RUMINANT SUBMISSION FORM PG. 2

Indiana Animal Disease Diagnostic Laboratories

VETERINARIAN:

Name _____

OWNER:

Name _____

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))

BVDV TESTING

Specimens must be shipped with ice packs.

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

	Individual	ID #s	Pooled	ID #s (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	ID #s	Pooled*	ID #s (max. 5)
Anaplasma marginale (PCR)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Bluetongue Virus (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"/>	_____
BTV EHD Duplex (PCR)	<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
 Cryptosporidium FA Giardia/Crypto Panel
 Fecal larval exam - Baermann technique

SEROLOGY

Date Bled: _____ # Samples: _____

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