

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	

ADDL BARCODE

*****If you are submitting an entire body for necropsy, CF.929 Necropsy Submission Form must be used*****

VETERINARIAN:

Name _____
 Indiana License # _____
 Clinic _____
 Address _____
 City, State, ZIP _____
 Phone _____
 Results Email: _____
 Additional Results: _____

ANIMAL:

Site/Farm/Unit _____
 Address _____
 City, State, ZIP _____
 Site/Farm/Unit Phone _____

Premises ID _____

PREMISES ID BARCODE

**SIGNATURE REQUIRED FOR
REGULATORY SUBMISSION:**

OWNER:

Name _____
 Address _____
 City, State, ZIP _____
 Phone _____

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 _____

Rabies Suspect & County _____ Histopathology IHC Serology (see page 2) Fetal/Neonatal Protocol

Diagnostician Discretion (ADDL Diagnostician will select tests, based on history provided); Diagnostician Budget _____

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.

RUMINANT 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))

BVDV TESTING

Specimens must be shipped with ice packs.

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

NAILE & NWSS BVD testing options are PCR (EDTA Blood or EN) & ACE (Serum or EN)

	Individual	ID #s	Pooled	ID #s (max. 5)
BVDV (PCR)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
BVDV ACE (Ag Capture ELISA)	<input type="checkbox"/>	_____		

MOLECULAR DIAGNOSTICS

	Individual	ID #s	Pooled*	ID #s (max. 5)
<i>Anaplasma marginale</i> (PCR)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<i>Anaplasma/Theileria</i> spp. Duplex (PCR)	<input type="checkbox"/>	_____		
Bovine Corona/Rota Duplex (PCR)	<input type="checkbox"/>	_____		
Bovine Viral Diarrhea Virus (PCR)	<input type="checkbox"/>	_____		
Caprine Arthritis Encephalitis Virus (PCR) - CAE	<input type="checkbox"/>	_____		
<i>Clostridium perfringens</i> PCR Panel (cpa, cpb, cpb2, etx, itxA, cpe)	<input type="checkbox"/>	_____		
<i>Coxiella burnetti</i> (PCR) - Q Fever	<input type="checkbox"/>	_____		
Epiz. Hem. Disease (PCR) - EHD	<input type="checkbox"/>	_____		
EHD / Bluetongue Duplex (PCR)	<input type="checkbox"/>	_____		
<i>Leptospira</i> spp. (PCR)	<input type="checkbox"/>	_____		
<i>M. avium</i> ssp. <i>paratuberculosis</i> (PCR) - Johne's	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<i>Mycoplasma bovis</i> (PCR)	<input type="checkbox"/>	_____		
<i>Mycoplasma haemolamae</i> (PCR)	<input type="checkbox"/>	_____		
<i>Mycoplasma</i> spp. (PCR)	<input type="checkbox"/>	_____		
<i>Pasteurella multocida</i> (PCR)	<input type="checkbox"/>	_____		
<i>Salmonella</i> spp. (PCR)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<i>Theileria orientalis</i> Complex (PCR)	<input type="checkbox"/>	_____		
<i>Tritrichomonas foetus</i> (PCR)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Other: _____	<input type="checkbox"/>	_____		

Ruminant Panels

Bovine Pinkeye PCR Panel - IBK (Moraxella (x4 species), Mycoplasma spp., IBR)	<input type="checkbox"/>	_____
Bovine Respiratory PCR Panel (BCV, BRSV, BVDV, IBR, PI3, <i>M. bovis</i>)	<input type="checkbox"/>	_____
Bovine Neonatal Diarrhea PCR Panel (BCV, BRV, <i>Crypto</i> , F5(K99), <i>Salm</i>)	<input type="checkbox"/>	_____
Small Ruminant Respiratory PCR Panel (BRSV, PI3, IBR, <i>Myco.</i> spp., <i>Chlamydia</i> spp.)	<input type="checkbox"/>	_____
Small Ruminant Enteric PCR Panel (<i>C. perf.</i> , <i>Crypto</i> , F5(K99)/F41, <i>Salm</i>)	<input type="checkbox"/>	_____

Targeted Next Generation Sequencing (NGS)

Bovine Targeted NGS Panel *Search Bovine NGS for more information

Respiratory Enteric Reproductive Mastitis

SEROLOGY

Date Bled: _____ # Samples: _____

<input type="checkbox"/> <i>Anaplasma</i> spp. (ELISA)	<input type="checkbox"/> <i>C. pseudotuberculosis</i> (ELISA) - CL	<input type="checkbox"/> <i>Toxoplasma gondii</i> (IFA)
<input type="checkbox"/> Bovine Coronavirus (IFA)	<input type="checkbox"/> Lentivirus (ELISA) - CAE/OPP	<input type="checkbox"/> Vesicular stomatitis NJ & IN (VN)**
<input type="checkbox"/> Bovine Leukosis Virus (ELISA)	<input type="checkbox"/> <i>Leptospira</i> spp. (MAT) 7 serovars	<input type="checkbox"/> Small Ruminant Serology Panel
<input type="checkbox"/> Bovine Rotavirus (IFA)	<input type="checkbox"/> <i>M. avium</i> ssp. <i>paratuberculosis</i> (ELISA) - Johne's	(Johne's, CAE/OPP, CL)
<input type="checkbox"/> <i>Brucella abortus</i> (BABA ~ Routine)	<input type="checkbox"/> <i>Neospora caninum</i> (ELISA)	
<input type="checkbox"/> <i>Brucella abortus</i> (Card ~ Export)	<input type="checkbox"/> Ruminant Pregnancy (ELISA)	

Days Post Breeding _____

Other: _____

** Testing will be completed by a competent subcontractor.

VETERINARIAN:

Name _____

OWNER:

Name _____

VIROLOGY Save Isolate

List suspected virus(es):

Virus Isolation (VI)
 Other: _____

BACTERIOLOGY Save Isolate

List suspected pathogen(s):

Pool samples if possible (at the discretion of the lab)

Aerobic Culture
 Aerobic Culture with (per isolate) Histotoxic *Clostridium* (FA) Antimicrobial Susceptibility
 Listeria sp. Culture
 Anaerobic Culture
 Milk, Aerobic Culture
 Brucella sp. Culture
 Tritrichomonas foetus Culture
 Fungal Culture
 Salmonella sp. Culture
 Other: _____

Choose at least one option below for SALMONELLA POSITIVES. See ADDL website for more information.

Serotyping
 Serotyping (NVSL)

PARASITOLOGY

List suspected parasite(s):

Fecal flotation, Qualitative
 Fecal flotation, Quantitative Fecal exam, Sedimentation
 Fecal flotation, Qualitative ZnSO₄ Parasite identification
 Fecal larval exam - Baermann *Giardia/Crypto* Panel

TOXICOLOGY

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

Blue Green Algae Vitamin E
 Bone Marrow Fat White Snakeroot
 GC/MS Toxicant Screen Toxic Metals - Blood (As, Cd, Cr, Pb)
 Nitrates Trace Mineral - Feed (Cu, Mo, Se)
 Plant ID/Seed ID Trace Mineral - Serum/Plasma (Ca, Cu, Fe, Mg, Se, Zn)
 Sulfur Trace Mineral/Toxic Metal - Tissue (Cd, Co, Cu, Fe, Pb, Mn, Mo, Se, Zn)
 Mycotoxin Screen (AFB, DON, ZEA) Trace Mineral/Toxic Metal - Water (As, Cd, Ca, Cu, Fe, Pb, Se, Na, Zn)
 Mycotoxin Screen + Fumonisin
 Single Mycotoxin: _____
 Other: _____

SEROLOGY SUBMISSION REASON

Initial Test Retest
 Exhibition Sale
 Herd Test Diagnostic
 Herd Certification/Validation
 Interstate movement
 Post move quarantine & test
 Other: _____
 Export to: _____
Export Date: _____

INCLUDE EXPORT REQUIREMENTS