

SEROLOGY SUBMISSION FORM

Indiana Animal Disease Diagnostic Laboratories

ADDL at Purdue University

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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 _____

OWNER:

Name _____

Address _____

City, State, ZIP _____

ANIMAL:

Site/Farm/Unit _____

Address _____

City, State, ZIP _____

Site/Farm/Unit Phone _____

Premise ID _____

SIGNATURE FOR REGULATORY SUBMISSION:

Veterinarian _____

ADDL BARCODE

Bill to Veterinarian Bill to Owner (Phone) _____ Purdue Fund _____
 Bill to Third Party (Name/Phone) _____ RIO/SIO _____

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

SPECIES

Bovine Feline
 Canine Ovine
 Caprine Porcine
 Cervid Other
 Equine

BLEED DATE

____ / ____ / ____

ADDITIONAL INFORMATION/SPECIAL INSTRUCTIONS/OTHER TESTS

All requested tests will be run on all samples, unless otherwise indicated in the "ID #s" field (e.g. 1 - 4 Rotavirus (IFA) 5 EHV-1 (VN))

TESTS REQUESTED: (List Tube numbers and animal information on Page 2)

MULTI-SPECIES

_____ Brucella abortus (AGGLUT)
 _____ Leptospira (MAT)
 _____ Toxoplasma gondii (IFA)
 _____ Vesicular stomatitis NJ & IN (VN)
 _____ Wallaby retrovirus (IFA)

EQUINE

_____ EAV (VN)
 _____ EHV-1 (VN)
 _____ Piroplasmosis B. caballi (cELISA)
 _____ Piroplasmosis T. equi (cELISA)
 _____ Potomac Horse Fever (IFA)
 _____ Rotavirus (IFA)

OTHER TESTING

_____ BVD ACE (Antigen Capture ELISA)

RUMINANTS

_____ Anaplasmosis (ELISA)
 _____ BCV (IFA)
 _____ BLV (ELISA)
 _____ BRSV (VN)
 _____ BTV (AGID)
 _____ BTV (ELISA)
 _____ BVDV Type 1 & 2 (VN)
 _____ CAEV (ELISA)
 _____ IBR (VN)
 _____ Johne's MAP (ELISA)
 _____ Neospora caninum (ELISA)
 _____ OPP (ELISA)
 _____ PI-3 (VN)
 _____ Rotavirus (IFA)

PORCINE

_____ M. hyopneumoniae (ELISA)
 _____ PCV (IFA)
 _____ PEDV (IFA)
 _____ PPV (IFA)
 _____ PRRS (3X ELISA)
 _____ PRRS (IFA)
 _____ PRV gB (ELISA)
 _____ PRV (VN)
 _____ Rotavirus (IFA)
 _____ Swine Influenza (ELISA)
 _____ TGE (VN)
 _____ TGE/PRCV (ELISA)

BVD PCR TESTING

_____ BVD, Individual (PCR)
 _____ BVD, Pooled in Groups of ____ (up to 5) (PCR)

SMALL ANIMAL

_____ Brucella canis (RSAT)
 _____ CDV (IFA)
 _____ CHV (IFA)
 _____ CPV (IFA)
 _____ FCV/FIP (IFA)
 _____ FHV (IFA)
 _____ FPV (IFA)

PRRS PCR TESTING

_____ PRRS, Individual (PCR)
 _____ PRRS, Pooled in Groups of ____ (up to 5) (PCR)
 Test PCR Positive Pools Individually
 Virus Isolation (If PCR positive)
 Sequence ORF 5 (If PCR positive)

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.752 Serology Submission Form 3/9/2020

SEROLOGY 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 for current sample submission guidelines

ID/Tube	Animal ID	Breed	Sex	Age	Serum	Oral Fluid
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"/>
11					<input type="checkbox"/>	<input type="checkbox"/>
12					<input type="checkbox"/>	<input type="checkbox"/>
13					<input type="checkbox"/>	<input type="checkbox"/>
14					<input type="checkbox"/>	<input type="checkbox"/>
15					<input type="checkbox"/>	<input type="checkbox"/>
16					<input type="checkbox"/>	<input type="checkbox"/>
17					<input type="checkbox"/>	<input type="checkbox"/>
18					<input type="checkbox"/>	<input type="checkbox"/>
19					<input type="checkbox"/>	<input type="checkbox"/>
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23					<input type="checkbox"/>	<input type="checkbox"/>
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36					<input type="checkbox"/>	<input type="checkbox"/>
37					<input type="checkbox"/>	<input type="checkbox"/>
38					<input type="checkbox"/>	<input type="checkbox"/>
39					<input type="checkbox"/>	<input type="checkbox"/>
40					<input type="checkbox"/>	<input type="checkbox"/>

Please see bottom of page 1 for ADDL Legal Disclaimer

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If you have trouble accessing this document because of a disability, please contact PVM Web Communications at vetwebteam@purdue.edu.

Visit us at www.addl.purdue.edu

CF.752 Serology Submission Form 3/9/2020