

# TOXICOLOGY 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:**

- |                                   |                                    |                                     |
|-----------------------------------|------------------------------------|-------------------------------------|
| <b>DELIVERED:</b>                 | <b>ARRIVED:</b>                    | <b>CONDITION:</b>                   |
| <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 \_\_\_\_\_

**ANIMAL:**

Site/Farm/Unit \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, ZIP \_\_\_\_\_  
 Site/Farm/Unit Phone \_\_\_\_\_

Premise ID \_\_\_\_\_

# PREMISE ID BARCODE

**Additional Results by:**

Email \_\_\_\_\_ Fax \_\_\_\_\_

**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:**

- Aquatic
- Avian
- Bovine
- Canine
- Caprine
- Cervid
- Equine
- Feline
- Ovine
- Porcine
- Other

**Differential Diagnosis or Disease(s) Suspected** \_\_\_\_\_

- Legal/Insurance  
 Please have the Toxicologist call us for consultation before initiating tests  
 Diagnostician Discretion (ADDL Diagnostician will select tests, based on history provided)  
**If no tests are marked, 'Diagnostician Discretion' will be assumed.**

**All requested tests will be run on all samples, unless otherwise indicated in the "ID #s" field (e.g.  1-4 GC/MS Toxicant Screen  5 Selenium)**

**TESTS REQUESTED:** (List animal information and sample type on Page 2)

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> ____ Anticoagulant               | <input type="checkbox"/> ____ GC/MS Toxicant Screen              | <input type="checkbox"/> ____ Mycotoxin - T-2 Toxin                     | <input type="checkbox"/> ____ Sodium               |
| <input type="checkbox"/> ____ Arsenic                     | <input type="checkbox"/> ____ Heavy Metal Screen                 | <input type="checkbox"/> ____ Mycotoxin - Zearalenone                   | <input type="checkbox"/> ____ Sulfur               |
| <input type="checkbox"/> ____ Blue Green Algae            | <input type="checkbox"/> ____ Iron                               | <input type="checkbox"/> ____ Mycotoxin Screen <sup>2</sup>             | <input type="checkbox"/> ____ Trace Mineral Screen |
| <input type="checkbox"/> ____ Bone Marrow Fat             | <input type="checkbox"/> ____ Lead                               | <input type="checkbox"/> ____ Mycotoxin Screen <sup>2</sup> + Fumonisin | <input type="checkbox"/> ____ Vitamin E            |
| <input type="checkbox"/> ____ Bone Screen                 | <input type="checkbox"/> ____ Magnesium                          | <input type="checkbox"/> ____ Nitrate                                   | <input type="checkbox"/> ____ Water Quality Screen |
| <input type="checkbox"/> ____ Calcium                     | <input type="checkbox"/> ____ Methylxanthine Screen <sup>1</sup> | <input type="checkbox"/> ____ pH Measurement                            | <input type="checkbox"/> ____ White Snakeroot      |
| <input type="checkbox"/> ____ Cholinesterase              | <input type="checkbox"/> ____ Minerals (Feed)                    | <input type="checkbox"/> ____ Phosphorus                                | <input type="checkbox"/> ____ Zinc                 |
| <input type="checkbox"/> ____ Copper                      | <input type="checkbox"/> ____ Mycotoxin - Aflatoxin              | <input type="checkbox"/> ____ Plant ID/Seed ID                          |  |
| <input type="checkbox"/> ____ Cyanide                     | <input type="checkbox"/> ____ Mycotoxin - Deoxynivalenol         | <input type="checkbox"/> ____ Selenium                                  |  |
| <input type="checkbox"/> ____ Drug Testing (Call Tox Lab) | <input type="checkbox"/> ____ Mycotoxin - Fumonisin              | <input type="checkbox"/> ____ Selenium/Vitamin E Screen                 |  |
| <input type="checkbox"/> ____ Other: _____                |  |   |  |

<sup>1</sup> Caffeine, Theobromine, Theophylline    <sup>2</sup> Aflatoxin, Deoxynivalenol, Zearalenone

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.

ADDL BARCODE

# TOXICOLOGY 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](http://www.addl.purdue.edu) for current sample submission guidelines

ID/Tube	Animal ID	Breed	Sex	Age	Sample Type	Date Taken
1						
2						
3						
4						
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7						
8						
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Please see bottom of page 1 for ADDL Legal Disclaimer

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CF.753 Toxicology Submission Form 3/9/2020