

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

OPENED BY:

DELIVERED:

- UPS
 FedEx
 DHL
 USPS
 Exp Mail
 Drop-Off

ARRIVED:

- Chilled
 Frozen
 Room Temp
 Cold Pack
 Dry Ice
 None

CONDITION:

- Good
 Broken Jar
 Leaked

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 _____

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"/>	

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 "Samples" 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	Samples	Pooled	Samples (max. 5)
BVDV (PCR)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
BVDV (FA)	<input type="checkbox"/>	_____		
BVDV ACE (Antigen Capture ELISA)	<input type="checkbox"/>	_____		

VIROLOGY

Save Isolate

List suspected virus(es):

- | | |
|---|---|
| <input type="checkbox"/> Routine Virus Isolation (VI) | <input type="checkbox"/> EHD (FA) |
| <input type="checkbox"/> Electron Microscopy (EM) | <input type="checkbox"/> EHD (VI) |
| <input type="checkbox"/> Bovine Respiratory Panel - | <input type="checkbox"/> Bovine Enteric Panel - |
| <input type="checkbox"/> BRSV (FA) | <input type="checkbox"/> BCV (FA) |
| <input type="checkbox"/> BVDV (FA) | <input type="checkbox"/> BRTV (FA) |
| <input type="checkbox"/> IBR (FA) | <input type="checkbox"/> BVDV (FA) |
| <input type="checkbox"/> PI3 (FA) | |

Other: _____

MOLECULAR DIAGNOSTICS

Save Isolate

	Individual	Samples	Pooled*	Samples (max. 5)
Anaplasma marginale (PCR)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Bovine Coronavirus (PCR)	<input type="checkbox"/>	_____		
Bovine Rotavirus (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"/>	_____		
Salmonella spp. (PCR)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Tritrichomonas foetus (PCR)	<input type="checkbox"/>	_____	<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

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"/> Histotoxic Clostridium (FA) |
| <input type="checkbox"/> Anaerobic Culture | <input type="checkbox"/> Listeria Culture |
| <input type="checkbox"/> Antimicrobial Susceptibility | <input type="checkbox"/> Milk, Aerobic Culture |
| <input type="checkbox"/> Brucella Culture | <input type="checkbox"/> Salmonella Culture |
| <input type="checkbox"/> Fungal Culture | <input type="checkbox"/> Tritrichomonas foetus Culture |

Other: _____

TOXICOLOGY

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

- | | |
|---|---|
| <input type="checkbox"/> Blue Green Algae | <input type="checkbox"/> Nitrates |
| <input type="checkbox"/> Bone Marrow Fat | <input type="checkbox"/> Plant ID/Seed ID |
| <input type="checkbox"/> Copper | <input type="checkbox"/> Selenium |
| <input type="checkbox"/> GC/MS Toxicant Screen | <input type="checkbox"/> Selenium/Vitamin E |
| <input type="checkbox"/> Heavy Metal Screen | <input type="checkbox"/> Sulfur |
| <input type="checkbox"/> Lead | <input type="checkbox"/> Vitamin E |
| <input type="checkbox"/> Magnesium | <input type="checkbox"/> White Snakeroot |
| <input type="checkbox"/> Mycotoxin Screen (AFB, DON, ZEA) | |
| <input type="checkbox"/> Single Mycotoxin: _____ | |

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"/> Fecal Cryptosporidium - Acid Fast Stain | |
| <input type="checkbox"/> Fecal larval exam - Baermann technique | |

SEROLOGY

Date Bled: _____ # Samples: _____

- | | | |
|--|---|--|
| <input type="checkbox"/> Anaplasmosis (ELISA) | <input type="checkbox"/> BVDV Type 1 & 2 (VN) | <input type="checkbox"/> Neospora caninum (ELISA) |
| <input type="checkbox"/> Bluetongue (ELISA) | <input type="checkbox"/> CAE (AGID) | <input type="checkbox"/> OPP (AGID) |
| <input type="checkbox"/> BCV (IFA) | <input type="checkbox"/> CAE (ELISA) | <input type="checkbox"/> OPP (ELISA) |
| <input type="checkbox"/> BLV (AGID) | <input type="checkbox"/> EHD (AGID) | <input type="checkbox"/> PI 3 (VN) |
| <input type="checkbox"/> BLV (ELISA) | <input type="checkbox"/> IBR (VN) | <input type="checkbox"/> Rotavirus (IFA) |
| <input type="checkbox"/> BRSV (VN) | <input type="checkbox"/> Johne's MAP (ELISA) | <input type="checkbox"/> Toxoplasma gondii (IFA) |
| <input type="checkbox"/> Brucella abortus (AGGLUT) | <input type="checkbox"/> Leptospira (MAT) | <input type="checkbox"/> Vesicular stomatitis NJ & IN (VN) |
| <input type="checkbox"/> Other: _____ | | |

SEROLOGY SUBMISSION REASON

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Initial Test | <input type="checkbox"/> Retest |
| <input type="checkbox"/> Exhibition | <input type="checkbox"/> Sale |
| <input type="checkbox"/> Herd Test | <input type="checkbox"/> Diagnostisc |
| <input type="checkbox"/> Herd Certification/Validation | |
| <input type="checkbox"/> Interstate movement | |
| <input type="checkbox"/> Post move quarantine & test | |
| <input type="checkbox"/> Other: _____ | |

Export to: _____
PLEASE INCLUDE COPY OF EXPORT REQUIREMENTS