

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		OPENED BY:
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:

- 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 "Samples" 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 ² | <input type="checkbox"/> ____ Trace Mineral Screen |
| <input type="checkbox"/> ____ Bone Marrow Fat | <input type="checkbox"/> ____ Juglone (Black Walnut) | <input type="checkbox"/> ____ Mycotoxin Screen ² + Fumonisin | <input type="checkbox"/> ____ Vitamin E |
| <input type="checkbox"/> ____ Bone Screen | <input type="checkbox"/> ____ Lead | <input type="checkbox"/> ____ Nitrate | <input type="checkbox"/> ____ Water Quality Screen |
| <input type="checkbox"/> ____ Calcium | <input type="checkbox"/> ____ Magnesium | <input type="checkbox"/> ____ pH Measurement | <input type="checkbox"/> ____ White Snakeroot |
| <input type="checkbox"/> ____ Cholinesterase | <input type="checkbox"/> ____ Methylxanthine Screen ¹ | <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: _____ | | | |

¹ Caffeine, Theobromine, Theophylline ² Aflatoxin, Deoxynivalenol, Zearalenone

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 for current sample submission guidelines

ID/Tube	Animal ID	Breed	Sex	Age	Sample Type	Date Taken
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						