

# 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:**

<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	

ADDL BARCODE

**\*\*\*If you are submitting an entire body for necropsy, CF.929 Necropsy Submission Form must be used\*\*\***  
**\*\*\*If the case may have potential legal ramifications, CF.1023 Legal 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)    Insurance    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](http://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

### VETERINARIAN:

Name \_\_\_\_\_

### OWNER:

Name \_\_\_\_\_

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

	Individual	ID #s	Pooled (max. 5)	ID #s
NAILE & NWSW BVD testing options are PCR (EDTA Blood or EN) & ACE (Serum or EN)				
BVDV (PCR)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
BVDV (FA)	<input type="checkbox"/>	_____		
BVDV ACE (Ag Capture ELISA)	<input type="checkbox"/>	_____		

### MOLECULAR DIAGNOSTICS

Save Isolate

	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"/>	_____		
<i>Clostridium perfringens</i> PCR Panel (cpa, cpb, cpb2, etx, itxA, cpe)	<input type="checkbox"/>	_____		
<i>Coxiella burnetti</i> (Q Fever) (PCR)	<input type="checkbox"/>	_____		
Epiz. Hem. Disease (EHD) (PCR)	<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> - Johne's (PCR)	<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

<a href="#">Bovine Respiratory PCR Panel</a> (BCV, BRSV, BVDV, IBR, PI3, <i>M. bovis</i> )	<input type="checkbox"/>	_____		
<a href="#">Bovine Neonatal Diarrhea PCR Panel</a> (BCV, BRV, <i>Crypto</i> , F5(K99), <i>Salm</i> )	<input type="checkbox"/>	_____		
<a href="#">Small Ruminant Respiratory PCR Panel</a> (BRSV, PI3, IBR, <i>Myc.</i> spp., <i>Chlamydia</i> spp.)	<input type="checkbox"/>	_____		
<a href="#">Small Ruminant Enteric PCR Panel</a> ( <i>C. perf.</i> , <i>Crypto</i> , F5(K99)/F41, <i>Salm</i> )	<input type="checkbox"/>	_____		

\*Visit [www.addl.purdue.edu](http://www.addl.purdue.edu) for Molecular Diagnostics pooling guidelines

### 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)	

Other: \_\_\_\_\_  
Days Post Breeding \_\_\_\_\_

### 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) Antimicrobial Susceptibility  
 Anaerobic Culture  
 *Brucella* sp. Culture  
 Fungal Culture  
 Other: \_\_\_\_\_
- Histotoxic *Clostridium* (FA)  
 *Listeria* sp. Culture  
 Milk, Aerobic Culture  
 *Tritrichomonas foetus* Culture  
 *Salmonella* sp. Culture  
Choose at least one option bleed for SALMONELLA POSITIVES. See ADDL website for more information.  
 Serogrouping  
 Serotyping (NVSL)

### PARASITOLOGY

List suspected parasite(s):

- Fecal flotation, Qualitative  
 Fecal flotation, Quantitative  
 Fecal flotation, Qualitative ZnSO<sub>4</sub>  
 Fecal larval exam - Baermann
- Fecal exam, Direct  
 Fecal exam, Sedimentation  
 Parasite identification  
 *Giardia/Crypto* Panel

### TOXICOLOGY

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

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

### SEROLOGY SUBMISSION REASON

- Initial Test  
 Exhibition  
 Herd Test  
 Herd Certification/Validation  
 Interstate movement  
 Post move quarantine & test  
 Other: \_\_\_\_\_  
 Export to: \_\_\_\_\_  
Export Date: \_\_\_\_\_

### INCLUDE EXPORT REQUIREMENTS