

# 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 \_\_\_\_\_ Fax \_\_\_\_\_  
 Results:  Fax  Email \_\_\_\_\_

#### 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 \_\_\_\_\_

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.

Visit us at [www.addl.purdue.edu](http://www.addl.purdue.edu)

CF.751 Ruminant Submission Form 12/1/2022

# 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

NAILE & NWSS BVD testing options are PCR (EDTA Blood or EN) & ACE (Serum or EN)

	Individual	ID #s	Pooled	ID #s (max. 5)
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 burnetii</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>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

Bovine Respiratory PCR Panel (BCV, BRSV, BVDV, IBR, PI3, *M. bovis*)

Bovine Neonatal Diarrhea PCR Panel (BCV, BRV, *Crypto*, F5(K99), *Salm*)

Small Ruminant Respiratory PCR Panel (BRSV, PI3, IBR, *Myc.* spp., *Chlamydia* spp.)

Small Ruminant Enteric PCR Panel (*C. perf.*, *Crypto*, F5(K99)/F41, *Salm*)

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

### Targeted Next Generation Sequencing (NGS)

List syndromic issue:

\_\_\_\_\_ Bovine Targeted NGS Panel \*Search Bovine NGS for more information

### SEROLOGY

Date Bled: \_\_\_\_\_ # Samples: \_\_\_\_\_

\_\_\_\_\_ *Anaplasma* spp. (ELISA)  \_\_\_\_\_ *C. pseudotuberculosis* (ELISA) - CL

\_\_\_\_\_ Bluetongue Virus (ELISA)  \_\_\_\_\_ Lentivirus (ELISA) - CAE/OPP

\_\_\_\_\_ Bovine Coronavirus (IFA)  \_\_\_\_\_ *Leptospira* spp. (MAT) 7 serovars

\_\_\_\_\_ Bovine Leukosis Virus (ELISA)  \_\_\_\_\_ *M. avium* ssp. *paratuberculosis* (ELISA) - Johne's

\_\_\_\_\_ Bovine Rotavirus (IFA)  \_\_\_\_\_ *Neospora caninum* (ELISA)

\_\_\_\_\_ *Brucella abortus* (BABA ~ Routine)  \_\_\_\_\_ Ruminant Pregnancy (ELISA)

\_\_\_\_\_ *Brucella abortus* (Card ~ Export) Days Post Breeding \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

### VIROLOGY

Save Isolate

List suspected virus(es):

\_\_\_\_\_ Virus Isolation (VI)

\_\_\_\_\_ Bovine Respiratory FA Panel

\_\_\_\_\_ Electron Microscopy (EM)

(BRSV, BVDV, IBR, PI3)

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ Bovine Enteric FA Panel-tissue

(BCV, BRV, BVDV)

### BACTERIOLOGY

Save Isolate

List suspected pathogen(s):

Pool samples if possible (at the discretion of the lab)

\_\_\_\_\_ Aerobic Culture

\_\_\_\_\_ Aerobic Culture with (per isolate)

\_\_\_\_\_ Histotoxic *Clostridium* (FA)

Antimicrobial Susceptibility

\_\_\_\_\_ *Listeria* sp. Culture

\_\_\_\_\_ Anaerobic Culture

\_\_\_\_\_ Milk, Aerobic Culture

\_\_\_\_\_ *Brucella* sp. Culture

\_\_\_\_\_ *Salmonella* sp. Culture

\_\_\_\_\_ Fungal Culture

\_\_\_\_\_ *Tritrichomonas foetus* Culture

\_\_\_\_\_ Other: \_\_\_\_\_

### PARASITOLOGY

List suspected parasite(s):

\_\_\_\_\_ Fecal flotation, Qualitative

\_\_\_\_\_ Fecal exam, Direct

\_\_\_\_\_ Fecal flotation, Quantitative

\_\_\_\_\_ Fecal exam, Sedimentation

\_\_\_\_\_ Fecal flotation, Qualitative ZnSO<sub>4</sub>

\_\_\_\_\_ Parasite identification

\_\_\_\_\_ Fecal larval exam - Baermann

\_\_\_\_\_ *Giardia/Crypto* Panel

### TOXICOLOGY

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

\_\_\_\_\_ Blue Green Algae

\_\_\_\_\_ Vitamin E

\_\_\_\_\_ Bone Marrow Fat

\_\_\_\_\_ White Snakeroot

\_\_\_\_\_ GC/MS Toxicant Screen

\_\_\_\_\_ Toxic Metals - Blood (As, Cd, Cr, Pb)

\_\_\_\_\_ Nitrates

\_\_\_\_\_ Trace Mineral - Feed (Cu, Mo, Se)

\_\_\_\_\_ Plant ID/Seed ID

\_\_\_\_\_ Trace Mineral - Serum/Plasma

\_\_\_\_\_ Sulfur

(Ca, Cu, Fe, Mg, Se, Zn)

\_\_\_\_\_ Mycotoxin Screen

\_\_\_\_\_ Trace Mineral/Toxic Metal - Tissue

(AFB, DON, ZEA)

(Cd, Co, Cu, Fe, Pb, Mn, Mo, Se, Zn)

\_\_\_\_\_ Mycotoxin Screen

\_\_\_\_\_ Trace Mineral/Toxic Metal - Water

+ Fumonisin

(As, Cd, Ca, Cu, Fe, Pb, Se, Na, Zn)

\_\_\_\_\_ Single Mycotoxin: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

### SEROLOGY SUBMISSION REASON

Initial Test  Retest

Exhibition  Sale

Herd Test  Diagnostic

Herd Certification/Validation

Interstate movement

Post move quarantine & test

Other: \_\_\_\_\_

Export to: \_\_\_\_\_

Export Date: \_\_\_\_\_

### INCLUDE EXPORT REQUIREMENTS