

Mammalian Submission Form

Animal Diagnostic Laboratory
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PennState
College of
Agricultural Sciences

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<http://adl.psu.edu>

Accession No. _____
Data Entry _____
Case Coordinator _____
Date Submitted _____
FOR LABORATORY USE ONLY

Owner: _____

Farm/Business: _____

Street: _____

City/State/Zip: _____

County: _____

Phone: _____

Report Distribution: Do not send report

E-mail: _____

FAX: _____ US Mail

Veterinarian: _____

Business: _____

Street: _____

City/State/Zip: _____

County: _____

Phone: _____

Report Distribution: Do not send report

E-mail: _____

FAX: _____ US Mail

Bill to:

Account number: _____

Owner Vet Practice Submitter Other

Invoice Distribution: Fax Email US Mail

Animal Information: Name/ID: _____

(Additional animal IDs on next page)

Bovine (cow) Caprine (goat) Cervine (deer/elk)

Equine (horse) Ovine (sheep) Porcine (pig)

Camelid (llama/alpaca) Other: _____

Age: _____ y _____ m _____ w _____ d Date of Birth: _____

Adult Juvenile Fetus

Date of Death: _____

Natural Death Euthanized: _____ (Method)

Breed: _____ Sex: _____

Production Type: _____

Federal/State Premises ID: _____

Premises ID Address: _____

Animals on Farm: _____ # Animals sick/dead: _____

Submitter: _____

Business: _____

Street: _____

City/State/Zip: _____

County: _____

Phone: _____

Report Distribution: Do not send report

E-mail: _____

FAX: _____ US Mail

Other: _____

Business: _____

Street: _____

City/State/Zip: _____

County: _____

Phone: _____

Report Distribution: Do not send report

E-mail: _____

FAX: _____ US Mail

Specimen Information:

COLLECTION DATE: _____

Indicate number of each sample type

Animal/Fetus # _____

Serum/clotted blood # _____

Anticoagulated blood # _____

Feces # _____

Fluid (type) _____ # _____

Head only # _____

Fixed Tissue # _____

Fresh Tissue # _____

Swab (source) _____ # _____

Other (specify) _____ # _____

Pool Samples if Appropriate

Additional Animal Information Continued:

Name/ID	Age	Breed	Sex	Name/ID	Age	Breed	Sex

History: (Description of illness, onset date, duration, new animal purchase, other species on farm, treatments, drugs, vaccines, husbandry, feed type/source, pasture quality etc.). Failure to provide history may result in delays or inadequate diagnosis.

Select One:

Perform only test(s) requested: please proceed to page 3 for test selection

Diarrhea Panel

Abortion Panel

Necropsy or test at laboratory discretion: Indicate level of testing desired

Tier 1 (Basic Necropsy)

Tier 2 (Advanced testing), please choose one:

I do not want testing beyond Tier 2

I approve testing beyond Tier 2. Additional testing is charged per test.

See website for complete pricing information (<http://padls.agriculture.pa.gov>)

If no preference is marked, testing will be done at the discretion of the pathologist

PADLS reserves the right to perform tests for any of the diseases regulated or under surveillance by the Pennsylvania Department of Agriculture on any specimen it receives. PADLS reserves the right to perform any test on animals submitted for autopsy that the Case Coordinator deems necessary for obtaining a diagnosis. Your submission of specimens for diagnostic purposes constitutes your acknowledgment that some tests may be performed at other laboratories.

Please see the website for a complete list of available tests and sample types accepted

<http://padls.agriculture.pa.gov/PADLSSearch.aspx>

Microbiology

- | | |
|---|--|
| <input type="checkbox"/> Aerobic Culture | <input type="checkbox"/> Genomic Sequencing |
| <input type="checkbox"/> Anaerobic Culture | <input type="checkbox"/> Johne's Culture (M. avium paratuberculosis) |
| <input type="checkbox"/> Clostridium perfringens | <input type="checkbox"/> Mycoplasma Culture |
| <input type="checkbox"/> Clostridium spp. Culture | <input type="checkbox"/> Salmonella Culture |
| <input type="checkbox"/> E. coli Culture | <input type="checkbox"/> Sensitivity testing |
| <input type="checkbox"/> Fungal Culture | <input type="checkbox"/> Other _____ |

Histopathology H&E Other _____

Parasitology

- Cryptosporidium ELISA Lungworm Fecal Flotation

Serology

- | | |
|--|--|
| <input type="checkbox"/> Bovine Viral Diarrhea Virus SN (Antibody) | <input type="checkbox"/> BRSV (IgG) SN |
| <input type="checkbox"/> Equine Herpes Virus Type 1 SN | <input type="checkbox"/> Bovine Leukosis Virus ELISA |
| <input type="checkbox"/> Infectious Bovine Rhinotracheitis Virus SN | <input type="checkbox"/> Brucellosis |
| <input type="checkbox"/> Bovine Pre-purchase Panel (BLV, BVD ACE, Johne's, Neospora) | <input type="checkbox"/> Johne's ELISA |
| <input type="checkbox"/> Bovine Reproductive Panel (BVD, IBR, Leptospira, Neospora) | <input type="checkbox"/> Neospora ELISA |
| <input type="checkbox"/> Bovine Respiratory Panel (BVD, BRSV, IBR, PI3) | <input type="checkbox"/> Parainfluenza 3 Virus HI |
| <input type="checkbox"/> Porcine Reproductive Panel (Leptospira, Parvovirus, PRRS, Pseudorabies) | <input type="checkbox"/> Swine Influenza Virus HI |
| <input type="checkbox"/> BVD Antigen Capture ELISA (Acute or Persistently Infected) | <input type="checkbox"/> Other _____ |

Toxicology (NBC)

- Minerals (Complete) Minerals (Nutritional) Mycotoxins Vitamin E Other _____

Molecular Diagnostics

- | | |
|---|--|
| <input type="checkbox"/> BRSV | <input type="checkbox"/> Neospora |
| <input type="checkbox"/> BVD <input type="checkbox"/> Pooled (Acute and Persistently Infected) | <input type="checkbox"/> PRRS |
| <input type="checkbox"/> Bovine Herpes Virus Type 1 (IBR) | <input type="checkbox"/> Parainfluenza Virus 3 (Bovine) |
| <input type="checkbox"/> Chlamydomphila spp. | <input type="checkbox"/> Porcine Circovirus Type 2 |
| <input type="checkbox"/> Coronavirus (Bovine/Porcine) | <input type="checkbox"/> Porcine Parvovirus |
| <input type="checkbox"/> Johnes | <input type="checkbox"/> Swine Influenza |
| <input type="checkbox"/> Lepto spp. | <input type="checkbox"/> TGEV <input type="checkbox"/> TGEV/PEDV/SDCoV |
| <input type="checkbox"/> Mycoplasma <input type="checkbox"/> spp. <input type="checkbox"/> bovis <input type="checkbox"/> hyopneumoniae | <input type="checkbox"/> Other _____ |

Virus Isolation/FA

- | | | |
|--|--|--|
| <input type="checkbox"/> BVD Microplate VI (Acute or P.I.) | <input type="checkbox"/> Equine Herpes Virus VI 1, 4 | <input type="checkbox"/> Rabies FA |
| <input type="checkbox"/> Bluetongue/EHD VI | <input type="checkbox"/> Equine Viral Arteritis VI | <input type="checkbox"/> Rotavirus LFIA (Feces) |
| <input type="checkbox"/> Border Disease Virus VI | <input type="checkbox"/> Lepto FA (Urine or Tissue) | <input type="checkbox"/> Unknown Virus Isolation |
| <input type="checkbox"/> Clostridium FA (Blackleg Screen) | <input type="checkbox"/> Psuedorabies FA | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cowpox Virus VI | <input type="checkbox"/> ORF VI | |

Other _____

Submission forms and additional information are available at <http://adl.psu.edu>