Mammalian Submission Form

Animal Diagnostic Laboratory
Penn State University
131 Pastureview Road
University Park, PA 16802
Ph: 814-863-0837 FAX: 814-865-3907

adlhelp@psu.edu http://adl.psu.edu

PennState College of Agricultural Sciences

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

Submitter: _____
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

Other: _____
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: _____

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

- ☐ Aerobic Culture
- ☐ Anaerobic Culture
- ☐ Clostridium perfringens ☐ Toxin Typing
- ☐ Clostridium spp. Culture
- ☐ E. coli Culture
- ☐ Fungal Culture
- ☐ Genomic Sequencing
- ☐ Johne's Culture (M. avium paratuberculosis)
- ☐ Mycoplasma Culture
- ☐ Salmonella Culture
- ☐ Sensitivity testing
- ☐ Other_____

Histopathology

☐ H&E ☐ Other _____

Parasitology

☐ Cryptosporidium ELISA ☐ Lungworm ☐ Fecal Flotation

Serology

- ☐ Bovine Viral Diarrhea Virus SN (Antibody)
- ☐ Equine Herpes Virus Type 1 SN
- ☐ Infectious Bovine Rhinotracheitis Virus SN
- ☐ Bovine Pre-purchase Panel (BLV, BVD ACE, Johne's, Neospora)
- ☐ Bovine Reproductive Panel (BVD, IBR, Leptospira, Neospora)
- ☐ Bovine Respiratory Panel (BVD, BRSV, IBR, PI3)
- ☐ Porcine Reproductive Panel (Leptospira, Parvovirus, PRRS, Pseudorabies)
- ☐ BVD Antigen Capture ELISA (Acute or Persistently Infected)
- ☐ BRSV (IgG) SN
- ☐ Bovine Leukosis Virus ELISA
- ☐ Brucellosis
- ☐ Johne's ELISA
- ☐ Neospora ELISA
- ☐ Parainfluenza 3 Virus HI
- ☐ Swine Influenza Virus HI
- ☐ Other_____

Toxicology (NBC)

☐ Minerals (Complete) ☐ Minerals (Nutritional) ☐ Mycotoxins ☐ Vitamin E ☐ Other_____

Molecular Diagnostics

- ☐ BRSV
- ☐ BVD ☐ Pooled (Acute and Persistently Infected)
- ☐ Bovine Herpes Virus Type 1 (IBR)
- ☐ Chlamydophila spp.
- ☐ Coronavirus (Bovine/Porcine)
- ☐ Johnes
- ☐ Lepto spp.
- ☐ Mycoplasma ☐ spp. ☐ bovis ☐ hyopneumoniae
- ☐ Neospora
- ☐ PRRS
- ☐ Parainfluenza Virus 3 (Bovine)
- ☐ Porcine Circovirus Type 2
- ☐ Porcine Parvovirus
- ☐ Swine Influenza
- ☐ TGEV ☐ TGEV/PEDV/SDCoV
- ☐ Other_____

Virus Isolation/FA

- ☐ BVD Microplate VI (Acute or P.I.)
- ☐ Bluetongue/EHD VI
- ☐ Border Disease Virus VI
- ☐ Clostridium FA (Blackleg Screen)
- ☐ Cowpox Virus VI
- ☐ Equine Herpes Virus VI 1, 4
- ☐ Equine Viral Arteritis VI
- ☐ Lepto FA (Urine or Tissue)
- ☐ Psuedorabies FA
- ☐ ORF VI
- ☐ Rabies FA
- ☐ Rotavirus LFIA (Feces)
- ☐ Unknown Virus Isolation
- ☐ Other_____

Other

☐ _____

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