

Lab number: _____

PRACTICE	OWNER NAME
VETERINARIAN	OWNER ADDRESS/PH
VET REF NUMBER	
DATE SAMPLE COLLECTED	FARM ID / NAIT / AGRIBASE
PREVIOUS CASE NUMBER	ANIMAL ID <small>(see over for multiples)</small>
<input type="checkbox"/> VET INTERPRETATION REQUIRED	AGE BREED <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<input type="checkbox"/> VET ALERT MESSAGE <small>(include mobile number)</small>	<input type="checkbox"/> BOVINE

CLINICAL HISTORY <small>(more space overleaf)</small>	EMAIL FOR CORRESPONDENCE
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NO. IN GROUP	<input type="text"/>	VACCINATION HISTORY:	NOT VACCINATED <input type="checkbox"/>
NO. ABORTED	<input type="text"/>	LEPTO <input type="checkbox"/> Date: <input type="text"/>	BVD <input type="checkbox"/> Date: <input type="text"/>

TEST / PACKAGE REQUIRED	SUITABLE SAMPLE TYPES
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COW	
Neospora IFAT	Serum (red top)
BVD antibody	Serum (red top)
Leptospira MAT—pomona	Serum (red top)
Leptospira MAT—hardjo	Serum (red top)

FETUS	
Histology	Brain, myocardium, skeletal muscle, lung, liver, kidney, placenta
Necropsy	Fetus
Abortion culture panel	Stomach contents or lung
Aerobic culture	Stomach contents or lung
Fungal culture	Stomach contents or lung
BVD antibody	Fetal heart blood or thoracic fluid
BVD PCR	Stomach contents, fetal heart blood or thoracic fluid
Leptospira PCR	Fetal heart blood or thoracic fluid
Early abortion PCR panel	Stomach contents
Mid-term abortion PCR panel	Stomach contents
Late-term abortion PCR panel	Stomach contents
Fungal combo PCR panel	Stomach contents
Listeria combo PCR panel	Stomach contents

Individual PCR tests (please circle tests required): *Aspergillus fumigatus*, *Bacillus licheniformis*, *Listeria monocytogenes*, *L. ivanovii*, *Mortierella wolfii*, *Neospora*, *Ureaplasma diversum*

OTHER (please state):

SAMPLES RECEIVED (for lab use only)		Unpacked by:	Date rec'd:
<input type="checkbox"/> Serum/SST	<input type="checkbox"/> Fresh lung	<input type="checkbox"/> Fixed tissue	
<input type="checkbox"/> Stomach contents	<input type="checkbox"/> Heart blood	<input type="checkbox"/> Other:	
	<input type="checkbox"/> Thoracic fluid		
	<input type="checkbox"/> Fetus		