

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 <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<input type="checkbox"/> VET ALERT MESSAGE <small>(include mobile number)</small>	<input checked="" type="checkbox"/> OVINE BREED

CLINICAL HISTORY	EMAIL FOR CORRESPONDENCE
NO. IN GROUP <input style="width: 100px;" type="text"/>	VACCINATION HISTORY: NOT VACC. <input type="checkbox"/> TOXO <input type="checkbox"/> Date: <input style="width: 80px;" type="text"/>
NO. ABORTED <input style="width: 100px;" type="text"/>	CAMP <input type="checkbox"/> Date: <input style="width: 80px;" type="text"/> SALM. BRBURG <input type="checkbox"/> Date: <input style="width: 80px;" type="text"/>

TEST / PACKAGE REQUIRED	SUITABLE SAMPLE TYPES
Abortion culture panel ¹	<i>Stomach contents, liver or lung</i>
Aerobic culture ²	<i>Stomach contents, liver or lung</i>
<i>Salmonella</i> sp. culture	<i>Stomach contents, liver or lung</i>
<i>Campylobacter</i> sp. culture	<i>Stomach contents, liver or lung</i>
<i>Toxoplasma gondii</i> serology	<i>Heart blood or thoracic fluid</i>
Gram stain	<i>Stomach contents</i>
Histology	<i>Brain, lung, heart, liver, spleen, placenta</i>
Necropsy	<i>Fetus</i>
<i>Campylobacter fetus</i> subsp. <i>fetus</i> PCR	<i>Fetal stomach contents</i>
<i>Campylobacter jejuni</i> PCR	<i>Fetal stomach contents</i>
Hairy shaker (HSD) . Border disease (BDV) virus PCR	<i>Fetal stomach contents or fetal heart blood</i>
<i>Helicobacter</i> sp. PCR	<i>Fetal stomach contents</i>
<i>Listeria monocytogenes</i> PCR	<i>Fetal stomach contents</i>
<i>Listeria ivanovii</i> PCR	<i>Fetal stomach contents</i>
<i>Toxoplasma gondii</i> PCR	<i>Fetal stomach contents</i>

OTHER (please state):

Notes:

- Includes aerobic, *Salmonella* and *Campylobacter* cultures
- Includes all aerobic isolates of significance e.g. *Listeria*, fungi, *Trueperella pyogenes*, *Bacillus* sp. etc.

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