



Customer No: Your Reference: Quote No: (If applicable)

SUBMITTER DETAILS Results will be reported to the submitter's email address provided below

Submitter name: Company/Clinic:
 Postal address: ABN:
 Email: Phone:

OWNER DETAILS

Owner name: Phone:
 Property address: PIC:
 Postal address:

SUBMISSION DETAILS

Disease(s) suspected:
 1. 2. 3.

Case History

Previous job no. (if applicable): <input type="text"/>	No. of dead animals: <input type="text"/>
Species: <input type="text"/> Choose from menu	No. of sick animals: <input type="text"/>
Breed: <input type="text"/>	No. of at risk animals: <input type="text"/>
Age group: <input type="text"/> OR Age: yrs <input type="text"/> mths <input type="text"/> days	Sex: <input type="text"/> Choose from menu

Additional information (husbandry, nutrition, clinical signs, treatment, lesions etc.)

Microchip Number: (If more than 1 sample, please include in a separate key-list)

Sample collection date:

LLS & DPI USE ONLY

Reason for testing:	District Surveillance: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Accreditation/MAP <input type="checkbox"/> Export to: <input type="checkbox"/> Legal proceeding <input type="checkbox"/> AI centre entry <input type="checkbox"/> Import from: <input type="checkbox"/> Research & development <input type="checkbox"/> Diagnostic <input type="checkbox"/> Interstate movement to: State <input type="checkbox"/> Second opinion	Charge to WBS/Project code:
	First lead submission: <input type="checkbox"/> Yes <input type="checkbox"/> No

SPECIMEN DETAILS

SAMPLE TYPE	QTY	SAMPLE TYPE	QTY	SAMPLE TYPE	QTY	SAMPLE TYPE	QTY
Blood - clot	<input type="text"/>	Fluid - Ocular	<input type="text"/>	Fresh Tissue – Liver	<input type="text"/>	Swab - Nasal	<input type="text"/>
Blood – EDTA	<input type="text"/>	Hair	<input type="text"/>	Fresh Tissue – LN	<input type="text"/>	Swab – Oral	<input type="text"/>
Blood – lith hep	<input type="text"/>	Semen	<input type="text"/>	Fresh Tissue – Lung	<input type="text"/>	Swab – Preputial	<input type="text"/>
Blood – serum	<input type="text"/>	Histology slide	<input type="text"/>	Fresh Tissue – Spleen	<input type="text"/>	Swab - Vaginal	<input type="text"/>
Blood – other	<input type="text"/>	Fixed tissue - Brain	<input type="text"/>	Fresh Tissue - Kidney	<input type="text"/>	Other swab(s):	<input type="text"/>
Blood smear	<input type="text"/>	Fixed tissue - other	<input type="text"/>	Fresh Tissue – Spinal cord	<input type="text"/>		
Ear notch	<input type="text"/>			Other fresh tissue(s):	<input type="text"/>	Other sample(s):	<input type="text"/>
Faeces	<input type="text"/>						
Fluid - Foetal	<input type="text"/>						

Sample Keylist (Attach a separate keylist for large submissions)

No.	Sample ID	No.	Sample ID	No.	Sample ID	No.	Sample ID
1.	<input type="text"/>	5.	<input type="text"/>	9.	<input type="text"/>	13.	<input type="text"/>
2.	<input type="text"/>	6.	<input type="text"/>	10.	<input type="text"/>	14.	<input type="text"/>
3.	<input type="text"/>	7.	<input type="text"/>	11.	<input type="text"/>	15.	<input type="text"/>
4.	<input type="text"/>	8.	<input type="text"/>	12.	<input type="text"/>	16.	<input type="text"/>

LAB USE ONLY

QA D M AI E Other: NOTIFIABLE EXOTIC ACCREDITATION TSE RESIDUE ANIMAL WELFARE
 Total samples received:

TEST(S) REQUESTED:		<input type="checkbox"/> I would like to discuss a diagnostic plan/testing requirements with a veterinary pathologist	
Note: This is not a comprehensive list of available tests. To view the range of tests refer to the veterinary test list online or contact Customer Service.			
A		E	
<input type="checkbox"/> Aino VNT	<input type="checkbox"/> Electron microscopy	<input type="checkbox"/> Ostreid herpes virus 1 PCR	
<input type="checkbox"/> Akabane Ab ELISA	<input type="checkbox"/> Enzootic bovine leucosis (EBL) ELISA	<input type="checkbox"/> Oyster health check	
<input type="checkbox"/> Akabane VNT	<input type="checkbox"/> Epizootic Haemorrhagic Disease (EHD) AGID	<input type="checkbox"/> Oyster QX disease investigation	
B		O	
<input type="checkbox"/> Bovine Ephemeral Fever (BEF) Ab ELISA	<input type="checkbox"/> Epizootic Haemorrhagic Disease (EHD) PCR	P	
<input type="checkbox"/> Bovine Ephemeral Fever (BEF) PCR	<input type="checkbox"/> Equine Herpes virus 1 (EHV1) VNT	<input type="checkbox"/> Parainfluenza (PI 3) Ab ELISA	
<input type="checkbox"/> Bovine Ephemeral Fever (BEF) VNT	<input type="checkbox"/> Equine Herpes virus 1 (EHV1) PCR	<input type="checkbox"/> Pestivirus Ab AGID	
<input type="checkbox"/> Blue-green algae exam	<input type="checkbox"/> Equine Herpes virus 4 (EHV4) PCR	<input type="checkbox"/> Pestivirus Ab ELISA (milk/blood)	
<input type="checkbox"/> Bluetongue virus Ab AGID	F		
<input type="checkbox"/> Bluetongue virus Ab ELISA	<input type="checkbox"/> Faecal Egg Count	<input type="checkbox"/> Pestivirus Ag capture ELISA (PACE)	
<input type="checkbox"/> Bluetongue virus PCR	<input type="checkbox"/> Faecal Larval Differentiation - worm typing	<input type="checkbox"/> PI test (hair)	
<input type="checkbox"/> Bungowannah virus PCR	<input type="checkbox"/> Fluke Egg Count (Interstate Movement)	<input type="checkbox"/> Pestivirus PCR	
<input type="checkbox"/> Bungowannah virus VNT	<input type="checkbox"/> Fowl Adenovirus VNT	<input type="checkbox"/> Pestivirus VI 2 passes	
<input type="checkbox"/> <i>Brucella abortus</i> CFT	H		
<input type="checkbox"/> <i>Brucella abortus</i> Ab ELISA	<input type="checkbox"/> Hendra ELISA	<input type="checkbox"/> Pestivirus VNT	
<input type="checkbox"/> <i>Brucella</i> RBT (Rose Bengal)	<input type="checkbox"/> Hendra virus PCR	<input type="checkbox"/> Pigeon Paramyxovirus PCR	
<input type="checkbox"/> <i>Brucella abortus</i> SAT	<input type="checkbox"/> Histology	<input type="checkbox"/> Porcine Circovirus Type 2 (PCV2) PCR	
<input type="checkbox"/> <i>Brucella ovis</i> CFT	I		
C		Q	
<input type="checkbox"/> Campylobacter IgA ELISA (vaginal swab)	<input type="checkbox"/> Infectious Bovine Rhinotracheitis (IBR) ELISA	<input type="checkbox"/> Q Fever Ab ELISA	
<input type="checkbox"/> Caprine Arthritis Encephalitis (CAE) ELISA	<input type="checkbox"/> Infectious Bovine Rhinotracheitis VNT	<input type="checkbox"/> Q Fever CFT	
<input type="checkbox"/> Calf Enteric Cryptosporidia only	<input type="checkbox"/> Infectious Bovine Rhinotracheitis PCR	R	
<input type="checkbox"/> Calf Enteric E. coli K99 only	<input type="checkbox"/> Infectious Bovine Rhinotracheitis VI 3 passes	<input type="checkbox"/> Rabbit Haemorrhagic Disease 1 PCR	
<input type="checkbox"/> Calf Enteric Rotavirus only	<input type="checkbox"/> Infectious Laryngotracheitis virus (ILT) PCR	<input type="checkbox"/> Rabbit Haemorrhagic Disease 2 PCR	
<input type="checkbox"/> Calf Enteric E. coli K99 & Crypto	<input type="checkbox"/> Immunoglobulin G (Bovine)	<input type="checkbox"/> Respiratory Syncytial virus (RSV) Ab ELISA	
<input type="checkbox"/> Calf Enteric Rotavirus & Crypto	<input type="checkbox"/> Immunoglobulin G (Porcine)	<input type="checkbox"/> Ross River VNT	
<input type="checkbox"/> Calf Enteric Crypto, E. coli K99, Rotavirus	<input type="checkbox"/> Influenza A Ab ELISA	<input type="checkbox"/> Rotavirus PCR	
<input type="checkbox"/> Chlamydia CFT	<input type="checkbox"/> Influenza A matrix PCR	S	
<input type="checkbox"/> Chlamydia spp. PCR	J		
<input type="checkbox"/> Chlamydia psittaci PCR	<input type="checkbox"/> Johne's Disease CFT	<input type="checkbox"/> <i>Salmonella dublin</i> SAT	
<input type="checkbox"/> Clostridium perfringens Toxin Assay CIEP	<input type="checkbox"/> Johne's (Bovine) Disease Ab ELISA	<input type="checkbox"/> <i>Salmonella typhimurium</i> SAT	
<input type="checkbox"/> Coronavirus PCR	<input type="checkbox"/> Johne's (Caprine) Disease Ab ELISA	<input type="checkbox"/> Simbu virus group Ab ELISA	
<input type="checkbox"/> Culture – Antibiotic sensitivity	<input type="checkbox"/> Johne's (Ovine) Disease Ab AGID	T	
<input type="checkbox"/> Culture – Aerobic/Routine	<input type="checkbox"/> Johne's (Ovine) Disease Ab ELISA	<input type="checkbox"/> <i>Toxoplasma</i> Latex Test	
<input type="checkbox"/> Culture – Anaerobic/Routine	L		
<input type="checkbox"/> Culture – <i>Brucella ovis</i>	<input type="checkbox"/> Leptospira pomona MAT	w/y	
<input type="checkbox"/> Culture – Camp. fetus spp. venerealis (CETM)	<input type="checkbox"/> Leptospira hardjo MAT	<input type="checkbox"/> West Nile virus Ab ELISA	
<input type="checkbox"/> Culture – Campylobacter	<input type="checkbox"/> Leptospira tarassovi MAT	<input type="checkbox"/> West Nile virus IgM ELISA	
<input type="checkbox"/> Culture – Erysipelas/Selective	<input type="checkbox"/> Leptospira copenhageni MAT	<input type="checkbox"/> White Spot Syndrome (WSSV) PCR	
<input type="checkbox"/> Culture - Johne's Disease individual	<input type="checkbox"/> Leptospira grippotyphosa MAT	<input type="checkbox"/> Yellow Head virus PCR	
<input type="checkbox"/> Culture - Johnes Disease pooled faecal	<input type="checkbox"/> Leptospira australis MAT	Disease Investigation	
<input type="checkbox"/> Culture – Johnes Herd Environmental (HEC)	<input type="checkbox"/> Leptospira icterohaemorrhagiae MAT	<input type="checkbox"/> Anthrax Investigation	
<input type="checkbox"/> Culture – Mastitis	<input type="checkbox"/> Leptospira canicola MAT	<input type="checkbox"/> ABLV Investigation	
<input type="checkbox"/> Culture - <i>Mycoplasma</i> direct	<input type="checkbox"/> Liver Fluke Ab ELISA (single)	<input type="checkbox"/> Arbovirus (NAMP) monitoring	
<input type="checkbox"/> Culture – <i>Salmonella</i> /Selective	<input type="checkbox"/> Liver Fluke Ab ELISA (pool of 5)	<input type="checkbox"/> Brucella Suis Investigation	
<input type="checkbox"/> Culture – Semen pack: B ovis, A. seminis, H.somni	<input type="checkbox"/> Liver Fluke Ab ELISA (milk)	<input type="checkbox"/> Foot and Mouth Disease Investigation	
<input type="checkbox"/> Culture – Strep. equi subsp. equi (Strangles)	M		
<input type="checkbox"/> Culture - Trichomonas (TFEM)	<input type="checkbox"/> Malignant Catarrhal Fever (MCF) PCR	<input type="checkbox"/> Hendra Investigation	
<input type="checkbox"/> Culture – <i>Yersinia</i> /Selective	<input type="checkbox"/> Maedi-Visna Ab ELISA	Bee Disease Investigation	
<input type="checkbox"/> Culture - Selective - Please specify in "Other"	<input type="checkbox"/> <i>M. hyopneumoniae</i> ELISA	<input type="checkbox"/> Culture - Paenibacillus larvae (AFB)	
N		<input type="checkbox"/> Culture - Paenibacillus alvei (EFB)	
<input type="checkbox"/> Newcastle Disease PCR	<input type="checkbox"/> Neospora Ab ELISA	<input type="checkbox"/> Examination - Nosema	
<input type="checkbox"/> Nitrate/Nitrite Strip Test	<input type="checkbox"/> Nodavirus PCR	<input type="checkbox"/> Smear examination - AFB	
Other		<input type="checkbox"/> Smear examination - EFB	
DECLARATION		<input type="checkbox"/> Smear examination - Chalkbrood	
<input type="checkbox"/> By ticking this box, I have read and agree to the NSW DPI Laboratory Services Terms and Conditions that can be accessed at www.dpi.nsw.gov.au or provided to me by contacting Customer Services.			
By signing below, I declare that I am authorised to request analysis of the samples listed above			
Name: <input type="text"/>	Signature: <input type="text"/>	Date: <input type="text"/>	