



Use this form when submitting samples for diagnostic testing of Footrot. Completed forms and associated samples can be submitted to the laboratory at Woodbridge Road, Menangle. For assistance completing this form contact Customer Service on 1800 675 623. For current pricing refer to the veterinary test list online at: [www.dpi.nsw.gov.au/aboutus/services/das/veterinary/state-veterinary-diagnostic-laboratory-price-list](http://www.dpi.nsw.gov.au/aboutus/services/das/veterinary/state-veterinary-diagnostic-laboratory-price-list)

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

SUBMITTER DETAILS			
Submitter name:		ABN:	
Company/Clinic:		Phone:	
Postal address:		Email:	
OWNER DETAILS			
Owner name:		Phone:	
Property address:		PIC:	
Postal address:			
SUBMISSION DETAILS			
Sample collection date:	<b>Disease suspected:</b>	<b>Test(s) requested:</b>	<b>Lab use only</b>
Total no. of samples:	Virulent Footrot	Culture & Gelatin Gel	DI_NOD_CLT
Sample type: Hoof swab	Benign Footrot	Footrot IntA PCR	DI_NOD_PCR
Other. Specify below:	Not Footrot	Elastase	DI_NOD_ELA
	Uncertain	Other:	
Case history			
Breed:	Lameness rate:		
Mob name:	Lameness rate to be expressed as a percentage of sheep with lameness		
No. in mob:	Lesion activity:	0% <5% 5% - 20% >20%	
No. dead:	Lesion activity expressed as percentage of new, active lesions with $\geq$ score 2		
No. sick:	Foot bathing?	Yes No	
No. at risk:	If yes, Last date:		
No. examined:	Chemical:		
Random exam? Yes No	Frequency:		
If <100 sheep examined, state why below:	Duration:		
	Other treatments:		
	<b>Environmental factors</b> (1= Limiting, 2 = Marginal, 3 = Favourable)		
	Moisture:	1 2 3	
	Pasture:	1 2 3	
	Temperature:	1 (Hot) 1 (Cold) 2 3	
<b>Footrot Score</b> (No. of sheep at each score)	Environmental score:		
Score 0:	Environment score expressed as sum of environmental factors		
Score 1:	Do environment conditions match scores observed? Yes No		
Score 2:	If no, Lesion more severe than expected		
Score 3:	Lesion less severe than expected		
Score 4:			
Score 5:			
Clinical Notes			
DECLARATION			
By ticking this box, I have read and agree to the NSW DPI Laboratory Services Terms and Conditions that can be accessed at <a href="http://www.dpi.nsw.gov.au">www.dpi.nsw.gov.au</a> or provided to you by contacting our Customer Service Unit.			
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"/>
<b>LAB USE ONLY</b>	<input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> AI <input type="checkbox"/> E <input type="checkbox"/> Other:		<input type="checkbox"/> URGENT <input type="checkbox"/> After hours approved <input type="checkbox"/> Esky return <input type="checkbox"/> Pg 1 only <input type="checkbox"/> No/incorrect ID's
Bacto Fridge (HOLD_BACTO)	SR Fridge (SRD_HOLD_4)	SR Room (SRD_HOLD)	Total received: Condition:
			QA



# Footrot Specimen Advice Form

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Keylist												
SHEEP	FOOT 1	FOOT 2	FOOT 3	FOOT 4	HIGHEST SCORE	FOOT SAMPLE	SHEEP	FOOT 1	FOOT 2	FOOT 3	FOOT 4	HIGHEST SCORE
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
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14							64					
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46							96					
47							97					
48							98					
49							99					
50							100					