



Animal Health Diagnostic Center

College of Veterinary Medicine, Cornell University
In Partnership with the NYS Dept of Ag & Markets

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Laboratory Operations

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Bovine/Small Ruminant/Camelid Abortion Kit

This kit has been assembled to facilitate proper collection and submission of bovine abortion samples when it is not possible to deliver the entire fetus and placenta to a necropsy service. If the fetus has a crown-rump length of 10 inches or less, it is best to send the entire fetus intact along with the placenta. If it is larger, collect and submit samples as described below. Everything needed is included except a strong knife used for the original incision, and 2 needles (18 G 1 ½ in.). It is critical to obtain as many of the samples as possible in the prescribed manner. Maternal serum (clot tube) and whole blood (EDTA tube) should also be submitted in all cases, as well as serum from other aborting and normal cows in the herd if possible.

Note that we are requesting fresh tissues rather than having them submitted in a transport medium; this allows us to culture more organisms. However, because the samples are not in a transport medium, it is imperative that they be chilled immediately and sent (with ice packs) to the Animal Health Diagnostic Center as soon as possible, as described at the end of this form.

A thorough history is important. Fill out the general submission form AND the entire accompanying abortion history form; include as much information as possible.

If you have any questions regarding this kit, please call Dr. Belinda Thompson at the Animal Health Diagnostic Center (607-253-3900); for ordering contact the AHDC Shipping Department (607-253-3935).



Animal Health Diagnostic Center
Ruminant Abortion Kit

Test & Fee Schedule

Samples	Tests Performed	Fees to Submitting Veterinarians
Fresh Tissues		
Lung, placenta	Aerobic culture (2)	\$40.00 per tissue
Abomasal contents	Leptospira real-time PCR	\$36.75 per tissue
Abomasal contents	Campy fetus FA	\$16.00
Lung, kidney, adrenal, and placenta	Composite FA test for BVD	\$25.00
	Composite FA test for IBR	\$25.00
	Chlamydia FA (camelids, small ruminants)	\$25.00
	Toxoplasma FA (camelids, small ruminants)	\$25.00
	EHV-1 FA (camelids)	\$25.00
	If history indicates a herd problem, Viral FA replaced by virus isolation	\$70.00
Skin	BVD ACE	\$5.50
Heart Blood	BVD SN	\$14.50
	Neospora IFA	\$16.50
Placenta, liver, lung, brain, adrenal, heart, thymus, small intestine, kidney, and fetal skin	Histopathology	1-2 slides \$66.50
	Field Necropsy Surcharge	\$56.00
Brain	Immunoperoxidase for neospora (if indicated by histopathology)	\$27.00
Maternal Sera	Leptospira (5 serotypes)	\$16.00
	Brucellosis – card test	\$3.50
	BVD-SN	\$14.50
	IBR-ELISA	\$11.00
	Neospora IFA	\$16.50
	Toxoplasma gondii IgG ELISA	\$17.00
Maternal EDTA Blood	Selenium	\$28.00
Approximate Fee		\$494.25 - \$620.25
Abortion Kit		\$34.00 each
<p>For New York State contract eligible submissions, please include NYS Contract Subsidy Submission form as cover sheet</p>		

Instructions

Procedure for Collecting, Packaging, and Submitting Samples

Collecting Samples

1. Collect dam blood into both a red-top and a purple-top (EDTA) blood collection tube. (*Dispose of blood collection needle; do not return it with the kit.*)

Field Necropsy

2. Observe fetus for abnormalities (e.g., distortion of limbs, head, etc.) and record on the Abortion History sheet. Carefully examine the skin, especially around the head and eyelids.
3. Using a clean knife, open abdomen and thorax of the fetus. Note any lesions – especially in the liver and lungs.
4. Collect the following fresh fetal specimens:
 - a. Skin: 1/4 – 1/2" piece of ear skin. Place into plastic snap-top vial.
 - b. Lung: obtain a sample 2" x 3", if possible. Place in labeled ziploc bag.
 - c. Adrenal: submit one entire adrenal. Place in labeled ziploc bag.
 - d. Kidney: submit entire kidney if not too big, otherwise a large portion (1" x 2") is sufficient. Place in labeled ziploc bag.
 - e. Placenta: obtain a 2" x 3" piece that has not been exposed to the environment if possible. Place in labeled ziploc bag.
5. Obtain heart blood. Using a 5 ml syringe with an 18 G 1 ½ in. needle, attempt to secure 3 to 10 ml of fetal heart blood. It may be necessary to carefully incise the left ventricle and aspirate blood from the surface. (Pleural and Peritoneal fluids may be used if blood is not available). Express blood into a red-top blood collection tube. (*Dispose of syringe and needle; do not return them with the kit.*)
6. Obtain stomach contents. Disinfect surface of stomach using a swab soaked in alcohol. Collect abomasal contents using 5cc syringe and needle. Express into a red-top blood collection tube. (*Dispose of syringe and needle; do not return them with the kit.*)

Assemble Fresh Specimens: **Place blood collection tubes, stomach contents, and skin sample vial into slots in absorbent pouch. Roll up. Place in labeled zip-lock bag. Place fresh tissue bags into second, larger, labeled zip-lock bag. Place inside a 95kPa Specimen Pouch. Seal pouch according to printed instructions. Place inside insulated pouch with 2 frozen ice packs and zip shut.**

FIXED SPECIMENS

7. For histopathology, cut ¼" (1cm) thick sections of each of the following tissues and place in the small aircraft-rated jar of formalin:
 - a. Placenta (cotyledons from 3 sites and any areas of gross abnormality)
 - b. Liver
 - c. Lung
 - d. Second adrenal gland

- e. Heart
 - f. Thymus
 - g. Small intestine
 - h. Kidney
 - i. Skin
 - j. Any other tissue you wish to include
8. Remove the entire brain, even if it appears autolyzed, and place in the large aircraft-rated jar of formalin. Fixed brain is the tissue of choice when diagnosing protozoal (neospora) abortions.

Assemble Fixed Specimens: **Place both formalin jars, with absorbent sheet, inside heavy zip-lock bag.**

PACKING AND SHIPPING SAMPLES

1. Place both the insulated specimen pouch and the bag containing formalin jars inside the kit box.
2. Complete both the General Submission form and the Abortion History form; return the forms to their ziploc bag; place them back inside the box.
3. Close box and tape shut.
4. Put mailing label on outside of box.
5. Return the specimens for testing.

For some areas of NYS and contiguous areas, ground shipment by FedEx or UPS will arrive next day at the AHDC. Otherwise ship by air for next-day delivery.

The AHDC has prepaid FedEx or UPS ground and air shipping labels available for discount shipping rates. These must be purchased in advance, prior to the day of shipping. Call 607-253-3935 or see <http://www.diaglab.vet.cornell.edu/test/feeman/specialCourier.pdf>

FOLLOW-UP

Fourteen (14) days later, collect a second maternal serum sample (clotted blood sample only) and submit this separately. On the submission form, be sure to identify the sample as a “second serum sample – abortion kit.” Please note, there are additional charges for testing convalescent samples.

Thank you!

Contents of Kit

Note: You must provide a knife for necropsy and two syringe needles (18 G 1 ½ in.)

Kit Box

- 1 Insulated Pouch
- 2 Freezer Packs
- 1 95kPa-rated specimen pouch
- 2 95kPa-rated Plastic Jars Formalin (1 small, 1 large)
- 4 medium sized ziploc bags
- Absorbent material (6-slot pouch, 1 small sheet, 1 larger sheet)
- 3 Red-top blood collection tubes
- 1 Purple-top (EDTA) blood collection tube
- 1 Blood collection needle (20 G 1 ½ in.)
- 1 Plastic snap-top vial containing Phosphate Buffered Saline
- 2 Syringes-5cc (needles not provided)
- 1 Scalpel
- 2 Alcohol swabs
- 4 small zip-lock bags for lung, adrenal, kidney, placenta
- 1 10" X 12" ziplock bag (for paperwork)

Paperwork

- General Submission form
- Instruction sheet
- Bovine Abortion Kit Test Fee Schedule
- Contents of Kit checklist
- Abortion/Reproduction History Form
- Supply Order form
- Mailing label UN3373 Biological Substance Category B

Abortion History

Today's Date _____ County _____
Farm Name/Owner _____
Address _____

City State Zip Code
Veterinarian Name _____ Diag. Ctr. Acct # _____
Telephone _____

Animal History

Animal Identification:

Name / Number Age Breed

Date aborted: _____ Estimated due date: _____

Crown-rump length of aborted fetus: _____

List and describe any abnormalities found on gross examination of the aborted fetus:

List and describe any abnormalities found on gross examination of the placenta:

Number of services: _____ Date of last service: _____

Type of breeding for this animal
(circle one):

AI

Natural

**Both AI &
Natural**

**Embryo
Transfer**

Clone

Date of last normal parturition: _____

Has this animal aborted previously? **No** **Yes** If so, when? _____

Were any of these aborted fetuses submitted for a diagnostic workup? **No** **Yes**

If so, please provide the date and accession #: _____

What were the results? _____

Dam's Relevant Vaccination History:

<p>▪ Neospora</p>	<p>No Yes</p>	<p>_____</p> <p style="text-align: center; font-size: small;">Last (date)</p>	<p>_____</p> <p style="text-align: center; font-size: small;">Previous (date)</p>	<p>_____</p> <p style="text-align: center; font-size: small;">Previous (date)</p>
<p>▪ BVD</p>	<p>No Yes</p>	<p>_____</p> <p style="text-align: center; font-size: small;">Last (date)</p>	<p>_____</p> <p style="text-align: center; font-size: small;">Previous (date)</p>	<p>_____</p> <p style="text-align: center; font-size: small;">Previous (date)</p>
	<p><input type="checkbox"/> MLV</p> <p><input type="checkbox"/> Killed</p>		<p><input type="checkbox"/> MLV</p> <p><input type="checkbox"/> Killed</p>	<p><input type="checkbox"/> MLV</p> <p><input type="checkbox"/> Killed</p>
<p>▪ IBR</p>	<p>No Yes</p>	<p>_____</p> <p style="text-align: center; font-size: small;">Last (date)</p>	<p>_____</p> <p style="text-align: center; font-size: small;">Previous (date)</p>	<p>_____</p> <p style="text-align: center; font-size: small;">Previous (date)</p>
	<p><input type="checkbox"/> MLV</p> <p><input type="checkbox"/> Killed</p>		<p><input type="checkbox"/> MLV</p> <p><input type="checkbox"/> Killed</p>	<p><input type="checkbox"/> MLV</p> <p><input type="checkbox"/> Killed</p>
<p>▪ Lepto 5</p>	<p>No Yes</p>	<p>_____</p> <p style="text-align: center; font-size: small;">Last (date)</p>	<p>_____</p> <p style="text-align: center; font-size: small;">Previous (date)</p>	<p>_____</p> <p style="text-align: center; font-size: small;">Previous (date)</p>
	<p><input type="checkbox"/> MLV</p> <p><input type="checkbox"/> Killed</p>		<p><input type="checkbox"/> MLV</p> <p><input type="checkbox"/> Killed</p>	<p><input type="checkbox"/> MLV</p> <p><input type="checkbox"/> Killed</p>
<p>▪ Lepto hardjobovis</p>	<p>No Yes</p>	<p>_____</p> <p style="text-align: center; font-size: small;">Last (date)</p>	<p>_____</p> <p style="text-align: center; font-size: small;">Previous (date)</p>	<p>_____</p> <p style="text-align: center; font-size: small;">Previous (date)</p>
	<p><input type="checkbox"/> MLV</p> <p><input type="checkbox"/> Killed</p>		<p><input type="checkbox"/> MLV</p> <p><input type="checkbox"/> Killed</p>	<p><input type="checkbox"/> MLV</p> <p><input type="checkbox"/> Killed</p>
<p>▪ Trichomoniasis</p>	<p>No Yes</p>	<p>_____</p> <p style="text-align: center; font-size: small;">Last (date)</p>	<p>_____</p> <p style="text-align: center; font-size: small;">Previous (date)</p>	<p>_____</p> <p style="text-align: center; font-size: small;">Previous (date)</p>
<p>▪ Vibrio (Campy fetus)</p>	<p>No Yes</p>	<p>_____</p> <p style="text-align: center; font-size: small;">Last (date)</p>	<p>_____</p> <p style="text-align: center; font-size: small;">Previous (date)</p>	<p>_____</p> <p style="text-align: center; font-size: small;">Previous (date)</p>
<p>▪ Chlamydia</p>	<p>No Yes</p>	<p>_____</p> <p style="text-align: center; font-size: small;">Last (date)</p>	<p>_____</p> <p style="text-align: center; font-size: small;">Previous (date)</p>	<p>_____</p> <p style="text-align: center; font-size: small;">Previous (date)</p>

Has there been any evidence of clinical illness in this animal? **No Yes**
 If so, was it within the previous ... (circle all that apply):

Week
Month
3 Months
6 Months

What symptoms (circle all that apply):

Animal Health Diagnostic Center
Ruminant Abortion Kit

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Fever Mastitis	Respiratory disease Other (describe signs): _____	Retained placenta	Ocular discharge	Enteric disease
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List and describe any recent changes in this animal's feeding program:

Herd History

Total number of adults in herd: _____ Total number of immature: _____
Number of animals purchased within the previous:

4 months _____ Year _____

Date of last purchase: _____

What is the health status of new additions?

Reproduction

How many abortions in the past ...

Week? _____ Month? _____ 6 Months? _____

At what stages of pregnancy? _____

Was material submitted to the Diagnostic Center from any of these fetuses? **No** **Yes**
If so, please provide the date(s) and accession number(s): _____

What were the results? _____

Have there been problems in *term* newborns born on this farm (circle all that apply)?

Stillborn **Deformed** **Weak** **Ataxic**

Other (describe): _____

Average days to 1st service (dairy cows): _____

Calving interval (dairy cows): _____

Breedings per conception (dairy cows): _____

Are postpartum exams performed regularly? **No** **Yes**

How soon after calving? _____

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Are pregnancy exams performed? **No** **Yes**
Have there been breeding problems on the farm? **No** **Yes** What %? _____

Herd reproductive problems (circle all that apply):

Anestrus **Irregular cycles** **Metritis** **Repeat breedings** **Retained placenta**
Cystic ovaries **Other** (please describe): _____

Health

Have there been other clinical illnesses in the herd in the last 6 months?

No **Yes**

If "Yes," please indicate which problems (circle all that apply):

Respiratory **Ocular** **Enteric** **Fever** **Mastitis**
Other (describe and give approximate numbers): _____

Herd vaccination program:

BVD _____
IBR _____
Lepto (5way) _____
Lepto hardjobovis _____
Neospora _____
Trichomoniasis _____
Vibrio (Campy fetus) _____
Chlamydia _____
Other (please describe): _____

Housing (circle all that apply):

Stanchion **Tie stalls** **Freestall** **Pasture only**
Other (describe): _____

Nutrition

Forages (circle all that apply):

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Legume hay	Grass hay	Pasture	Haylage
Corn silage	Baleage	Other (please list): _____	

Concentrates (please list): _____

Commercial grain mixes (please list): _____

Commodities (circle all that apply):

Corn	Oats	Soybeans	Cottonseed	Brewers Grains
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Other (please list): _____

Minerals (circle all that apply):

Commercial mix	Add own minerals to TMR	Free choice selection
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General description of the feeding program (circle all that apply):

Individually fed	Group fed	Feed individual forages and concentrates	
Exclusive TMR	Unsupplemented pasture	Supplemented pasture	TMR plus hay fed separately
Dry cows in one group	Close-up and far away dry groups	No dry group	

Additional Comments: _____

Are any feeds moldy? **No** **Yes**

Are selenium supplements being used? **No** **Yes**

If so, by which method? **Injection** **Feed**

ADDITIONAL RELEVANT HISTORY OR COMMENTS (attach additional pages if necessary):

Ruminant Abortion Kit Submission Form



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LAB USE ONLY Foal Diarrhea Kit

AHDC Accession No./ Date

Pathology Case Number (if any)

PLEASE COMPLETE ALL FIELDS, PRINT LEGIBLY, AND ENTER ONLY ONE OWNER PER FORM

Enter Your Cornell AHDC Acct No. _____	Your Internal Case/Reference No.* _____
Veterinarian _____ Clinic Name _____ Address _____ City, State, Zip _____ Phone Number (_____) _____ Fax Number (_____) _____	Owner _____ Address _____ City, State, Zip _____ Phone Number (_____) _____ County _____ Town _____ NYS Premise ID _____

ATTENTION:	Additional Instructions:
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ABORTION Single abortion or Herd Problem

General History: An adequate history **must** accompany submissions in order to qualify for NY State Contract charges (see AHDC Test & Fee Schedule).

Date of onset of abortions in herd _____ Age of animals aborting _____
 Herd size _____ No. aborted _____ Gestation stage of animals aborting _____

Please use history questionnaire provided with kit instructions for detailed history including vaccines

For previous related submissions, please enter **Accession numbers and Dates** here: _____

Check if related material has been submitted previously for this animal(s): Y N Unknown for this herd: Y N Unknown

NAME/NO.	Species	BREED	SEX	AGE/DOB	Cross out any test names not desired	Date Samples Taken: _____
1	Fetus of (dam name)				Fresh Tissues ----- Lung, Placenta, Kidney, Liver Abomasal Contents, Adrenal ↓ Skin Fixed Tissue ----- Placenta, Lung, Liver, Kidney, Adrenal Brain, Heart, Skin, Thymus, Sm. Intestine Fetal Heart Blood ----- (Can substitute fetal pleural, Peritoneal or pericardial fluid) Label as Fetal ID heart blood Dam Serum ----- Red top tube clotted blood or separated serum Dam Whole Blood ----- EDTA tube whole blood	
2	(Dam ID, if dam blood included)					
3	Fetus of (dam name)					
4	Dam ID, if dam blood included)					
5	(Fetus of (dam name)					
6	(Dam ID, if dam blood included)					

DO NOT use this form for more than three (3) fetuses and/or dam blood tests. Please note if you DO NOT want complete testing on each item if more than one fetus or blood sample are included. Use separate general submission form for herd/mate testing. Dam blood can be retained and submitted separately, paired with convalescent sample.

All tests listed at the right are appropriate for the species. Samples will be tested according to lab protocols and associated fees per test/sample charged **unless test names are crossed out.**

One antimicrobial sensitivity test will be added/fetus if significant aerobic bacteria isolated.

The submitting veterinarian is responsible for the requested tests, fees associated with this submission, and to notify the owner of test results.

1. Aerobic culture (3/fetus) (bovine, camelid, caprine, ovine)
2. Campylobacter fetus culture (caprine, ovine)
3. Lepto FA (2/fetus) (bovine, camelid, caprine, ovine)
4. BVD FA (bovine, camelid, caprine, ovine)
5. Campylobacter fetus FA (bovine, caprine, ovine)
6. Chlamydia FA (camelid, caprine, ovine)
7. Toxoplasma FA (camelid, caprine, ovine)
8. IBR FA (bovine)
9. EHV-1 FA (camelid)
9. Chlamydia PCR (camelid, caprine, ovine)
10. Virus Isolation (bovine, camelid, caprine, ovine)
11. BVD Antigen Capture ELISA (bovine)
12. Histopathology (bovine, camelid, caprine, ovine)
13. BVD SN Type 1 (bovine, camelid, caprine, ovine)
14. BVD SN Type 2 (camelid, caprine, ovine)
15. Toxoplasma MAT (camelid, caprine, ovine)
16. Neospora IFA (bovine)
17. BVD SN Type 1 (bovine, camelid, caprine, ovine)
18. BVD SN Type 2 (camelid, caprine, ovine)
19. Lepto MAT, 5 serovar (bovine, camelid, caprine, ovine)
20. Toxoplasma MAT (camelid, caprine, ovine)
21. Chlamydia CF (caprine, ovine)
22. Brucella Card Agglut (bovine, camelid, caprine)
23. Neospora IFA (bovine)
24. Caprine Herpesvirus SN (caprine)
25. IBR k-ELISA (bovine)
26. EHV-1 SN (camelid)
27. Equine Rhinitis virus-1 SN (camelid)
28. Selenium (bovine, camelid, caprine, ovine)

BY REQUEST ONLY: (Check if desired) Brucella ovis ELISA (ovine only)

LAB USE ONLY OPENED BY: _____	COURIER RECORD: <table style="width: 100%;"> <tr> <td><input type="checkbox"/> AB</td> <td><input type="checkbox"/> Mail</td> <td>DATE REC'D: _____</td> <td><input type="checkbox"/> Frozen</td> <td><input type="checkbox"/> Dry Ice</td> <td><input type="checkbox"/> Room Temp</td> </tr> <tr> <td><input type="checkbox"/> FX</td> <td><input type="checkbox"/> Pri Mail</td> <td>TIME REC'D: _____</td> <td><input type="checkbox"/> Not Frozen</td> <td><input type="checkbox"/> Cold Pack</td> <td><input type="checkbox"/> Cool</td> </tr> <tr> <td><input type="checkbox"/> UPS-Grnd</td> <td><input type="checkbox"/> Exp Mail</td> <td>DATE SHIP'D: _____</td> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Cold</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UPS-ND</td> <td><input type="checkbox"/> Other: _____</td> <td>Comment: _____</td> <td></td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> AB	<input type="checkbox"/> Mail	DATE REC'D: _____	<input type="checkbox"/> Frozen	<input type="checkbox"/> Dry Ice	<input type="checkbox"/> Room Temp	<input type="checkbox"/> FX	<input type="checkbox"/> Pri Mail	TIME REC'D: _____	<input type="checkbox"/> Not Frozen	<input type="checkbox"/> Cold Pack	<input type="checkbox"/> Cool	<input type="checkbox"/> UPS-Grnd	<input type="checkbox"/> Exp Mail	DATE SHIP'D: _____	<input type="checkbox"/> None	<input type="checkbox"/> Cold		<input type="checkbox"/> UPS-ND	<input type="checkbox"/> Other: _____	Comment: _____			
<input type="checkbox"/> AB	<input type="checkbox"/> Mail	DATE REC'D: _____	<input type="checkbox"/> Frozen	<input type="checkbox"/> Dry Ice	<input type="checkbox"/> Room Temp																				
<input type="checkbox"/> FX	<input type="checkbox"/> Pri Mail	TIME REC'D: _____	<input type="checkbox"/> Not Frozen	<input type="checkbox"/> Cold Pack	<input type="checkbox"/> Cool																				
<input type="checkbox"/> UPS-Grnd	<input type="checkbox"/> Exp Mail	DATE SHIP'D: _____	<input type="checkbox"/> None	<input type="checkbox"/> Cold																					
<input type="checkbox"/> UPS-ND	<input type="checkbox"/> Other: _____	Comment: _____																							
SAMPLES SUBMITTED FOR TESTING BECOME THE PROPERTY OF THE ANIMAL HEALTH DIAGNOSTIC CENTER.																									

* If your Internal Reference No. is entered on this form, it will be used to identify this case on the test result form and on the billing statement (max. 17 character fields).

NYS CONTRACT SUBMISSION ADDENDUM

****Please note: Owner information, clinical history and differential diagnosis must be completed in full on submission form, as well as herd data and signature field below to qualify for contract pricing.**

***** HERD DATA *****

Date: onset of illness: _____ In animals submitted: _____

Herd size: Adult _____ Young _____ No. dead: _____ No. affected: _____

Check here if add'l history is on back or attached.

I certify that this submission is for an animal located in NYS that is being raised for food or fiber production or it is a horse. In addition, I have listed in the differential diagnosis one or more conditions or contagious infectious diseases that is/are consistent with the clinical presentation for this animal or herd and that would threaten other animals or people. I also certify that this testing is not routine surveillance testing or testing to help eradicate a disease or condition already diagnosed in this herd or flock. Also, this submission includes samples and requests for testing or assistance from the lab to attempt to make a definitive diagnosis. This is not an insurance or legal case.

Signature NYS licensed veterinarian _____

I have attached the Contract subsidy submission continuation page or Other forms or pages