

Ruminant Abortion Kit Submission Form



Animal Health Diagnostic Center

College of Veterinary Medicine, Cornell University
 In Partnership with the NYS Dept of Ag & Markets
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 Ithaca, NY 14852-5786
 Courier Service Address: 240 Farrier Rd
 Ithaca, NY 14853

AHDC Contacts
 Phone: 607-253-3900
 Fax: 607-253-3943
 Web: diagcenter.vet.cornell.edu
 E-mail: diagcenter@cornell.edu

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		
1	Fetus of (dam name)					<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Cross out any test names not desired Date Samples Taken: _____ </div> <div style="border: 1px solid black; padding: 5px;"> 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 ----- </div> <div style="padding: 5px;"> <ol style="list-style-type: none"> 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) </div>
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 herdmate 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.

LAB USE ONLY OPENED BY: _____	COURIER RECORD: <table style="width: 100%; border: none;"> <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> <p style="text-align: center; margin-top: 5px;">SAMPLES SUBMITTED FOR TESTING BECOME THE PROPERTY OF THE ANIMAL HEALTH DIAGNOSTIC CENTER.</p>	<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: _____			
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* 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).