

Animal Disease Diagnostic Laboratory

PURDUE UNIVERSITY
 406 S. UNIVERSITY
 W LAFAYETTE IN 47907-2065
 PHONE (765) 494-7440, FAX (765) 494-9181
 ADDL@Purdue.edu www.addl.purdue.edu



HEEKE ADDL
 11367 E PURDUE FARM ROAD
 DUBOIS IN 47527-9666
 PHONE (812) 678-3401, FAX (812) 678-3412

ADDL USE ONLY

Owner Name: _____
 Address: _____
 City, State, Zip: _____
 County: _____

Other ID: _____

Bill Sent to (Circle One) _____
 Referring Veterinarian: Other _____
 If Other: _____

Referring Veterinarian

Practice/Clicname: _____
 Indiana License No.: _____
 Name: _____
 Address: _____
 City, State, Zip: _____
 Email Address: _____

Phone Results? Y / N Phone No. (____) _____

Fax Results? Y / N FAX No. (____) _____

Email Results? Y / N

Insurance or legal necropsy? Y / N

Have you sent the brain to SBH? Y / N

Do you suspect rabies? Y / N

If yes, call ADDL with results

Species: _____ Age: _____ day, wk, mo, yr Sex: _____ Breed: _____

No. On farm: _____ No in affected group: _____ No. sick: _____ No. dead: _____ No. submitted live: _____ dead: _____

Date and time of death: _____

Antibiotics and last treatment: _____

Vaccination History (Indicate MLV or KV) _____ (Cont on page 2)

HISTORY (Gross Lesions, signs, treatment, duration, etc.) _____

(cont. on pg. 2)

Clinical Diagnosis

For necropsy cases, permission is granted to run PCR tests deemed necessary by an ADDL pathologist with the knowledge that additional charges will be incurred

To Submit Neoplasms, refer to page 2

To submit mammalian serology page 3 must be completed

Specimen Submitted	Nec	Hist	Bac	Sens	Vir	EM	Tox*	PCR*	Other*	Avian	
										Sero	VI
1											
2											
3											
4											
5											
6											
7											

* Please Specify Test

I, the undersigned, do hereby certify that I am the owner, or duly authorized agent for the owner, of the animal/bird(s) submitted to the Animal Disease Diagnostic Laboratory for post mortem examination, have read and do understand the information presented on page 4.
 Owner or Owner's Agent _____
 Final Report

History and other information (continued)

Neoplasm(s): Identify site of each fixed tissue. Separate and label each specimen.

Location of lesion	Size of lesion
1	___ cm x ___ cm x ___ cm
2	___ cm x ___ cm x ___ cm
3	___ cm x ___ cm x ___ cm

Based on your clinical evaluation/judgment, please answer these questions.

PLEASE LOCATE ON DIAGRAM

- 1. Are distant organs involved?
 Y___ N___
 If yes, please specify_____

- 2. Are lymph nodes involved?
 Y___ N___ Unknown___
 If yes, please specify_____

- 3. Is entire lesion submitted?
 Y___ N___ Unknown___

DIAGNOSTIC SEROLOGY

Please complete page 1, including history

At least 1 ml of serum per test is required. Submitting serum in 5ml snap cap tubes size (12x75 mm) is preferred. Tube numbers and numbers on following chart must be in consecutive order (no skipped numbers). Check requested test in appropriate box.

Owner _____

Dates bled: _____

Veterinarian _____

Acute sample _____

Species _____ Testing for Export to: _____

Convalescent sample _____

ELISA	ELISA	Agglutination	VN	IFA	Screen	Titer	HI
Anaplasma <input type="checkbox"/>	Johne's <input type="checkbox"/>	Brucellosis abortus: <input type="checkbox"/>	BRSV <input type="checkbox"/>	BCV <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SIV H1N1 <input type="checkbox"/>
BLV <input type="checkbox"/>	M. hyo <input type="checkbox"/>	BAPA (Screen) <input type="checkbox"/>	BVD type 1 <input type="checkbox"/>	CCV <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SIV H3N2 <input type="checkbox"/>
BTV <input type="checkbox"/>	Neospora c. <input type="checkbox"/>	Card <input type="checkbox"/>	BVD type 2 <input type="checkbox"/>	CDV <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AGID
BVDV <input type="checkbox"/>	PCV2 <input type="checkbox"/>	Plate <input type="checkbox"/>	EAV <input type="checkbox"/>	CHV <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BLV <input type="checkbox"/>
CAEV <input type="checkbox"/>	PPV <input type="checkbox"/>	RiV <input type="checkbox"/>	EH-1 <input type="checkbox"/>	CPV <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CAEV <input type="checkbox"/>
EIA <input type="checkbox"/>	PRRS <input type="checkbox"/>	Tube <input type="checkbox"/>	IBR <input type="checkbox"/>	FCV <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EHD <input type="checkbox"/>
g1 (PRV) <input type="checkbox"/>	SIV H1N1 <input type="checkbox"/>	Brucella canis <input type="checkbox"/>	PI-3 <input type="checkbox"/>	PCV <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EIA <input type="checkbox"/>
gB (PRV) <input type="checkbox"/>	SIV H3N2 <input type="checkbox"/>	Leptospira <input type="checkbox"/>	PRV <input type="checkbox"/>	PPV <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OPP <input type="checkbox"/>
IBR <input type="checkbox"/>	TGE/PRCV <input type="checkbox"/>		TGE <input type="checkbox"/>	PRRS (NA) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Influenza A (swine, equine) <input type="checkbox"/>	Toxoplasmosis gondii <input type="checkbox"/>		VSV-IN <input type="checkbox"/>	PRRS (EU) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			VSV-NJ <input type="checkbox"/>	Rotavirus <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Special Instructions:							
Other Tests:							

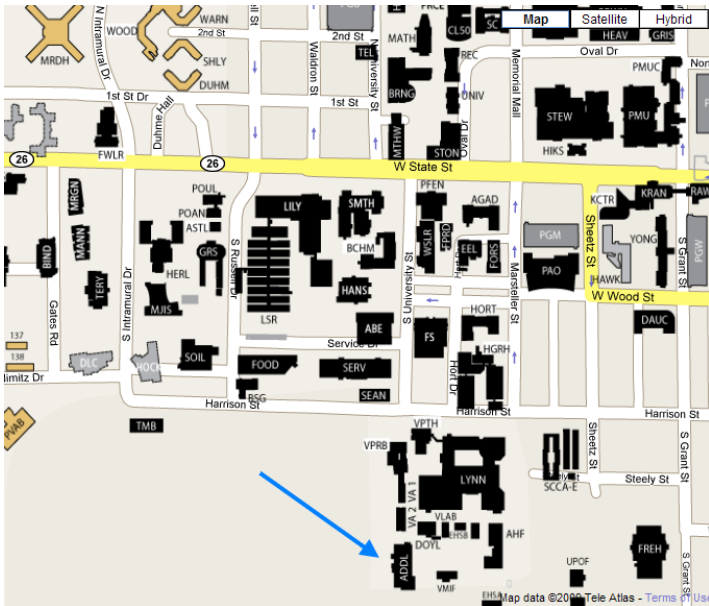
Tube No.	Identification No.	Age	Breed	Sex					
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

OWNER'S RELEASE

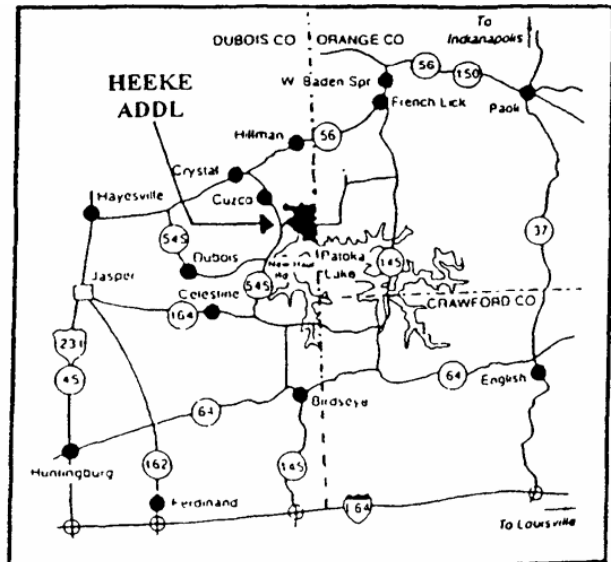
These are some things that you, as the owner or owner's agent, should know and understand about the Animal Disease Diagnostic Laboratory.

1. This is a diagnostic laboratory where dead animals/birds are examined to determine the cause of death. ADDL is not a clinic where animals/birds are treated and returned to the owner. Animal hospitals of the School of Veterinary Medicine are located north and east of the ADDL.
2. If a live animal/bird is submitted to the Diagnostic Laboratory, it will be humanely euthanized prior to examination.
3. All animals/birds examined at the ADDL will be disposed of in an appropriate manner which may include incineration at ADDL or rendering. If you wish to retain a portion of the carcass, it must be removed prior to submission to ADDL.
4. Animals/birds submitted to the ADDL will be examined by a veterinary pathologist or a graduate student/resident training to become a veterinary pathologist.
5. To prevent the spread of diseases back to your farm, you may not enter the room where post mortem examinations are being performed. However, for food animal owners, there is a viewing room where you may watch your animal being examined (Monday-Friday, 1:00-5:00p). Please make arrangements with front desk personnel.
6. The Diagnostic Laboratory is required by state law to report certain infectious diseases to the State Veterinarian.

DIRECTIONS TO THE LABORATORIES



ADDL-WL on the south campus of Purdue University in West Lafayette



Heeke ADDL between IN 56 and IN 164 in eastern Dubois County