

ACCESSION FORM FOR ABORTION DIAGNOSIS

Washington Animal Disease Diagnostic Laboratory

College of Veterinary Medicine, Washington State University

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Please type or use black ink and print clearly.

Veterinarian or Case Coordinator:		
Clinic:		
Street:		
City:	State:	Zip:
Phone:	Fax:	
Date Shipped:	E-mail:	

Owner:		
Street:		
City:	State:	Zip:
Phone:	Fax/E-mail:	

Please fill out completely as possible:

<i>For Laboratory Use Only</i>	
PO # / Budget #:	
WSU Account #:	
Invoice # :	
VADDS Log by:	Checked by:
Samples Received:	
Sample Condition (as received): <input type="checkbox"/> Frozen <input type="checkbox"/> Chilled <input type="checkbox"/> Room Temperature <input type="checkbox"/> Above Room Temperature	
Comment:	
Sample Shipped Via: <input type="checkbox"/> US Mail <input type="checkbox"/> UPS <input type="checkbox"/> Fed-Ex <input type="checkbox"/> Courier <input type="checkbox"/> Other	

Abortion Diagnosis Kit

Species	Breed	Age	Sex	Breeding System: <input type="checkbox"/> AI <input type="checkbox"/> Bull	
Animal ID (name/tag#)	Animal Weight	No. in group	No. on Premises	No. Abortions this outbreak:	Gestational Age:
Current vaccinations:	Date:	Clinical disease preceding abortion:		Herd abortion problem is judged:	
<input type="checkbox"/> IBR	_____	<input type="checkbox"/> In the dam		<input type="checkbox"/> Sporadic	
<input type="checkbox"/> BVD	_____	<input type="checkbox"/> In the herd / group		<input type="checkbox"/> Continuing problem	
<input type="checkbox"/> PI3	_____	Type:	<input type="checkbox"/> Enteric	<input type="checkbox"/> Recent outbreak	
<input type="checkbox"/> <u>Lepto</u>	_____	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Other _____	Previous submission last 30 days?	
<input type="checkbox"/> <u>H.somnus</u>	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> <u>C.fetus</u>	_____				

Note: WADDL reserves the right to modify the tests requested for more efficient case work-up.

Additional History: (Include any recent observations of stillbirths, birth of weak calves, perinatal disease, etc.)
Bovine Stillbirth / Weakcalf Research Project - Spring '07 Calving (form expires 7/1/07)

Contacts: Dr. John Gay, AAHP FDIU Epidemiologist (509-335-0785 jmgay@vetmed.wsu.edu)
 Dr. Gary Haldorson, WADDL Pathologist (509-335-6332 gjh@vetmed.wsu.edu)

Veterinarian's or Clinician's Signature:	Condition(s) Suspected:
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SAMPLES FOR BOVINE STILLBIRTH RESEARCH PROJECT

(to accompany WADDL Bovine Abortion Accession Form)

**Check if
Collected**

Animal Identification: _____

FRESH AND CHILLED TO 4°C

MICROBIOLOGY

Fetal Lung	}	(pooled in whirl top bag) - - - - -	}	_____
Fetal Liver				_____
Fetal Spleen				_____
Fetal Kidney				_____
Fetal Stomach Content		(red top tube) - - - - -		_____
Fetal Thoracic Fluid		(red top tube) - - - - -		_____
Placenta (cotyledon and intercotyledon)		(separate whirl top bag from other fetal tissues) - - - - -		_____

SEROLOGY

Maternal Serum (red top tube) - - - - - _____
 At time of abortion (acute); convalescent sample (10-14 days after abortion)

TOXICOLOGY

Fetal Liver Collect in two whirltop bags (in addition to the pooled sample above) approximately 10g (small egg size) for Se analysis in one bag and 10g in a second bag for potential vitamin/mineral analysis _____

10% NEUTRAL BUFFERED FORMALIN

(Histopathology - fixative volume at least 10 x tissue volume)

Thyroid gland	_____
Lung	_____
Salivary Gland	_____
Sciatic nerve	_____
Cervical Spinal Cord	_____
Eyelid Skin	_____
Placenta (cotyledon and intercotyledon)	_____
Liver	_____
Spleen	_____
Kidney	_____
Brain (whole) (even if autolyzed)	_____
Heart	_____
Skeletal muscle (tongue, diaphragm)	_____
Adrenal gland	_____
Lymph node (mesenteric)	_____
Thymus	_____

(for pictoral sampling guidance, see <http://www.vetmed.wsu.edu/courses-jmgay/documents/StillbirthSampling.pdf>)