

ACCESSION FORM FOR ABORTION DIAGNOSIS

Washington Animal Disease Diagnostic Laboratory

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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: <input type="checkbox"/> IBR <input type="checkbox"/> BVD <input type="checkbox"/> PI3 <input type="checkbox"/> <u>Lepto</u> <input type="checkbox"/> <u>H.somnus</u> <input type="checkbox"/> <u>C.fetus</u>	Date: _____ _____ _____ _____ _____	Clinical disease preceding abortion: <input type="checkbox"/> In the dam <input type="checkbox"/> In the herd / group Type: <input type="checkbox"/> Enteric <input type="checkbox"/> Respiratory <input type="checkbox"/> Other _____		Herd abortion problem is judged: <input type="checkbox"/> Sporadic <input type="checkbox"/> Continuing problem <input type="checkbox"/> Recent outbreak <hr/> Previous submission last 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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.)

Veterinarian's or Clinician's Signature:	Condition(s) Suspected:
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SAMPLES FOR LABORATORY DIAGNOSIS OF ABORTION

(to accompany WADDL Abortion Diagnosis 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)		
Fetal Heart Blood or Thoracic Fluid (porcine only)	(red top tube)	_____

TOXICOLOGY (Selenium)

Fetal Liver	(separate whirl top bag from other fetal tissues)	_____
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10% NEUTRAL BUFFERED FORMALIN

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

Placenta (cotyledon and intercotyledon)	_____
Lung	_____
Liver	_____
Spleen	_____
Kidney	_____
Brain (whole) (even if autolyzed)	_____
Heart	_____
Skeletal muscle (tongue, diaphragm)	_____
Thyroid gland	_____
Adrenal gland	_____
Lymph node (mesenteric)	_____
Thymus	_____

OTHER TESTING

(Specify test and sample type)