

ACCESSION FORM FOR ABORTION DIAGNOSIS

Washington Animal Disease Diagnostic Laboratory

College of Veterinary Medicine, Washington State University

Web Site: <http://waddl.vetmed.wsu.edu>

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Please type or use black ink and print clearly.

Veterinarian or Case Coordinator: Name:		Last Name:		First Name:	
Clinic:					
Street address:			Mailing Address or PO Box:		
City:		State:		Zip:	
Phone:		Fax:		E-mail:	
Farm Name:			First Time Submitter?		Yes No
Owner: Last Name first:			Guardian Name: (if owner is under 18)		
Street address:			Mailing Address or PO Box:		
City:		State:		Zip:	
Phone:		Fax:		E-mail:	

WADDL USE ONLY

Billing: Clinic 3rd Party (preapproved only) Owner NOTE: Unless prepaid, WADDL will bill the work to the Clinic if listed above.

Reporting Preference: Mail Fax Web access - register on web site at <http://waddl.vetmed.wsu.edu>

Please fill out completely as possible:

Species	Breed	Age	Sex	Breeding System: <input type="checkbox"/> AI <input type="checkbox"/> Live Cover	
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: <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 _____	Date Collected: Herd abortion problem is judged: <input type="checkbox"/> Sporadic <input type="checkbox"/> Continuing problem <input type="checkbox"/> Recent outbreak Previous submission last 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Note: WADDL reserves the right to modify the tests requested for more efficient case work-up and / or to send specimens to outside laboratories that perform testing not done at WADDL. Samples are discarded 30 days after receipt.

Additional History: (Include any recent observations of stillbirths, birth of weak calves, perinatal disease, etc.)

WADDL is an official brucellosis testing laboratory. All serology for brucellosis, including abortion screens, requires identification of animals, date of sample collection, and signature of an accredited veterinarian attesting to the following statement:

"I certify that the specimens submitted with this form were collected by me from the animal(s) described on the date indicated."

Veterinarian's, Clinician's or Owner'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)