



## Epidemiology

Species	<input type="text"/>	Age (units)	<input type="text"/>	Age (qualifier)	<input type="text"/>	No. of animals in affected group	<input type="text"/>
Breed	<input type="text"/>	Sex	<input type="text"/>	No. of animals dead	<input type="text"/>		
Property type	<input type="text"/>				No. of animals alive and affected	<input type="text"/>	
Enterprise	<input type="text"/>			Total no. of at risk animals on the property	<input type="text"/>		
Other species of livestock on property							<input type="text"/>

## Clinical syndrome

1°	<input type="text"/>	2°	<input type="text"/>
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## History

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## Clinical signs

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## Post-mortem findings

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## Provisional/differential diagnosis

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Date collected	<input type="text"/>	Number of containers	<input type="text"/>
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Sample types	List animal IDs	Test(s) requested
<input type="checkbox"/> fixed tissues		
<input type="checkbox"/> fresh tissues		
<input type="checkbox"/> swabs		
<input type="checkbox"/> blood tubes		
<input type="checkbox"/> blood films/smears		
<input type="checkbox"/> ocular fluid		
<input type="checkbox"/> faeces		
<input type="checkbox"/> content/fluids		
<input type="checkbox"/> other		

Note: Please ensure your submission does not contain sharps, including needles and scalpel blades.