

Duty Pathologist - Specimen Reception C Block Department of Primary Industries and Regional Development

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DPIRD Diagnostic Laboratory Services (DDLS) animal disease investigation submission form

Do you suspect an exotic or zoonotic disease		Lab υ	Lab use only					
ONo OYes		Job m	anager	Jol	b number			
Disease suspected								
Submission details	S	Barco	de					
Your reference	Date sent							
Submitted by								
Code								
Name								
Practice name/district office								
Postal address								
Shire/town/suburb			State		Postcode			
Landline		Mobile						
Additional contact nur	nber	Email						
Owner details								
Owner				PIC				
Trading name		Property	name					
								
Property address								
Property address Shire/town/suburb			State		Postcode			
Shire/town/suburb Physical address of in	vestigation		State		Postcode			
Shire/town/suburb Physical address of in (if different to above)					Postcode			
Shire/town/suburb Physical address of in (if different to above) Landline	Mobile	Emai	il		Postcode			
Shire/town/suburb Physical address of in (if different to above) Landline Reason for submis	Mobile ssion: Animal d	lisease investigatio	il		Postcode			
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Shire/town/suburb Physical address of in (if different to above) Landline Reason for submis Briefly describe why you	Mobile ssion: Animal d are sending the sa	lisease investigation	il on					
Shire/town/suburb Physical address of in (if different to above) Landline Reason for submis	Mobile sion: Animal days are sending the sa	lisease investigation ample gree to the DPIRD Diagr	il on nostic Laborat	-	s (DDLS) tern	ns and		



Accreditation number: 13724

Accredited for compliance with ISO/IEC 17025

Issue date: February 2018

Epidemiology							
Species	Age (units)	Age (qualifier)	No. of animals in affected group				
Breed		Sex	No. of animals dead				
Property type		No. of animals alive and affected					
Enterprise	Total no. of at risk animals on the property						
Other species of livestock on property							
Clinical syndrome							
1°		2°					
History							
Clinical signs							
Post-mortem find	lings						
Provisional/differential diagnosis							
T TOVISIONAL/AITIE	ential diagnosis						
Date collected			containers				
Sample types	List anii	mal IDs	Test(s) requested				
☐ fixed tissues							
☐ fresh tissues							
☐ swabs							
☐ blood tubes							
☐ blood films/smears							
ocular fluid							
☐ faeces							
☐ content/fluids							
☐ other							

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