OVINE ABORTION SUBMISSION FORM

0800 GRIBBLES I 0800 474 225 I www.gribblesvets.co.nz

Lab number:

PRACTICE	OWNER NAME
VETERINARIAN	OWNER ADDRESS/PH
VET REF NUMBER	
DATE SAMPLE COLLECTED	FARM ID / NAIT / AGRIBASE
PREVIOUS CASE NUMBER	ANIMAL ID *(see over for multiples)*
☐ **VET INTERPRETATION REQUIRED**	AGE ☐ MALE ☐ FEMALE
☐ **VET ALERT MESSAGE** *(include mobile number)*	☑ OVINE BREED
CLINICAL HISTORY	EMAIL FOR CORRESPONDENCE
NO. IN GROUP	**VACCINATION HISTORY:** NOT VACC. ☐ TOXO ☐ *Date:*
NO. ABORTED	CAMP ☐ *Date:* SALM. BRBURG ☐ *Date:*

	TEST / PACKAGE REQUIRED	SUITABLE SAMPLE TYPES
☐	Abortion culture panel[1]	*Stomach contents, liver or lung*
☐	Aerobic culture[2]	*Stomach contents, liver or lung*
☐	*Salmonella* sp. culture	*Stomach contents, liver or lung*
☐	*Campylobacter* sp. culture	*Stomach contents, liver or lung*
☐	*Toxoplasma gondii* serology	*Heart blood or thoracic fluid*
☐	Gram stain	*Stomach contents*
☐	Histology	*Brain, lung, heart, liver, spleen, placenta*
☐	Necropsy	*Fetus*
☐	*Campylobacter fetus* subsp. *fetus PCR*	*Fetal stomach contents*
☐	*Campylobacter jejuni* PCR	*Fetal stomach contents*
☐	Hairy shaker (HSD) . Border disease (BDV) virus PCR	*Fetal stomach contents or fetal heart blood*
☐	*Helicobacter* sp. PCR	*Fetal stomach contents*
☐	*Listeria monocytogenes* PCR	*Fetal stomach contents*
☐	*Listeria ivanovii* PCR	*Fetal stomach contents*
☐	*Toxoplasma gondii* PCR	*Fetal stomach contents*
OTHER ***(please state):***		

Notes:

1. *Includes aerobic, Salmonella and Campylobacter cultures*
2. *Includes all aerobic isolates of significance e.g. Listeria, fungi, Trueperella pyogenes, Bacillus sp. etc.*

SAMPLES RECEIVED (for lab use only) Unpacked by: Date rec'd:

☐ Stomach contents ☐ Fresh lung ☐ Fresh liver ☐ Fixed tissue

☐ Thoracic fluid ☐ Heart blood ☐ Fetus ☐ Other: