

General Submission Form (please use other specific forms for Cattle, Birds, Pigs, Sheep/Goats)

Client's name and address

 Postcode:

Veterinary practice

 Clinician:

CPHH No:

Your reference:

Are the animals at the address above or elsewhere

CPHH No: Postcode:

Animal Details

Species	Breed	Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Castrate <input type="checkbox"/>	Mixed <input type="checkbox"/>	Unknown <input type="checkbox"/>
Please give estimated age of animals predominantly affected			Age	Days/Weeks/Months/Years (delete as appropriate)			

Please also indicate age category below:

Neonatal (<1 week) Pre-weaned Post-weaned Adult Mixed Unknown

Purpose/Housing Please choose one option for each of the 3 questions below, choosing the option that best describes the animals and premises

Organic?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	In Transition <input type="checkbox"/>			
Purpose	Wild <input type="checkbox"/>	Fibre <input type="checkbox"/>	Other farmed (e.g. deer, bison, buffalo) <input type="checkbox"/>	Pet <input type="checkbox"/>	Zoo <input type="checkbox"/>	Open farm <input type="checkbox"/>	N/A <input type="checkbox"/>
Housing	Housed <input type="checkbox"/>	Outdoors <input type="checkbox"/>	Mixed <input type="checkbox"/>	Unknown <input type="checkbox"/>			

Reason for Submission

Are the samples from animals showing clinical signs? Yes - Diagnostic No – Monitoring Other

If Other, please specify:

Has there been any previous discussion/sample submission from this case/outbreak? If yes see below Yes No

Sample/carcase submitted APHA submission number Discussed by phone APHA farm visit

Clinical history (for Diagnostic Submissions Only)

Total No. in herd	No Breeding females	No. in affected group (at onset)	No. affected including dead	No. dead
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Duration of clinical signs (in affected case)

0-3 days 4 days - 2 weeks
 >2 weeks Unknown

Clinical Signs Please rank a maximum of 3 signs in order of importance e.g. 1 = main clinical sign

- | | | | |
|------------------------|--------------------------|----------------------|-------------------|
| Abortion..... | Milk drop..... | Lameness..... | Unknown..... |
| Stillbirth..... | Malaise..... | Musc/Skel – not lame | Skin..... |
| Repro - not abortion | Diarrhoea..... | Recumbent..... | Urinary..... |
| Clinical mastitis..... | GIT – not diarrhoea..... | Found dead..... | Nervous Signs.... |
| Sub-clinical mastitis | Wasting/poor condition | Respiratory..... | Eye disease..... |
| | | | Other..... |

Clinical history/post mortem findings/provisional diagnosis if any

Test Requirements

Please select from the tests listed below by ticking the boxes, list any other tests in the table below. Please refer to APHA price list <http://apha.defra.gov.uk/vet-gateway/surveillance/diagnostic/testing.htm>. For test selection guidance advice please visit <http://apha.defra.gov.uk/documents/surveillance/sub-handbook.pdf>.

Enteric Disease

- TC0582 Rotavirus PAGE
- TC0035 Clostridium perfringens toxin ELISA (smint or caecal contents)
- TC0492 Crypto smear
- TC0776 Johnes smear
- TC0693 Johnes PCR (5g)
- TC0713 Johnes culture (minimum 5g)
- TC0491 Giardia (5g)

Microbiology

- TC0101 Aerobic culture
- TC0528 Anaerobic culture
- TC0025 Salmonella
- TC0665 Yersinia enterocolitica
- TC0401 Sensitivity

Mastitis

- TC0544 Culture
- TC0401 Sensitivity

Parasitology

- TC0060 Worm egg/coccidial oocyst count (min 3g)
- TC0860 Worm egg count/coccidial count for camelids (10g)
- TC0061 Fluke egg exam (min 40g)
- PC0864 Worm egg and coccidial count and fluke exam for camelids (50g)
- PC0064 Worm egg and coccidial count and fluke exam (min 40g)
- TC0062 Lungworm larvae (50g)
- TC0081 Ectoparasite exam

Virology

- Tissue or clotted blood / serum**
- TC0655 BVD PCR
- Heparinised blood / lymphoid tissue**
- TC0747 MCF PCR

Histopathology

- PC0006 (up to 3 tissues from the same animal)

Serology

- Clotted blood/serum**
- TC1165 BVD SNT
 - TC0391 Louping ill HAIT

Other Test Requirements	Test Code	Description

Animal & Sample Identification

Date Samples Taken

Official Animal ID	Sample ID	Type and Number of Samples

Please tick box if samples cannot be used for anonymous surveillance or test validation purposes

DATA PROTECTION

For information on how we handle personal data please go to www.gov.uk and search Animal and Plant Health Agency Personal Information Charter.

APHA is an Executive Agency of the Department for Environment, Food and Rural Affairs and also works on behalf of the Scottish Government, Welsh Government and Food Standards Agency to safeguard animal and plant health for the benefit of people, the environment and the economy.