

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

Do you suspect an exotic or zoonotic disease

No Yes

Disease suspected

Submission details

Your reference

Date sent

Submitted by

Code

Name

Practice name/district office

Postal address

Shire/town/suburb

State

Postcode

Landline

Mobile

Additional contact number

Email

Owner details

Owner

PIC

Trading name

Property name

Property address

Shire/town/suburb

State

Postcode

Physical address of investigation
(if different to above)

Landline

Mobile

Email

Reason for submission: Animal disease investigation

Briefly describe why you are sending the sample

By submitting this form, I have read and agree to the DPIRD Diagnostic Laboratory Services (DLS) terms and conditions, available at: agric.wa.gov.au/livestock-biosecurity/ddls-animal-pathology-services.

Case number of any previous related investigation



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.