

DPIRD significant disease investigation laboratory 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: Significant disease investigation

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

Case number of any previous related investigation

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							

1° 2°

[illegible]

Date collected		Number of containers	
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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		

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Significant disease investigation veterinarian claim form

Tax invoice

I, _____, being a veterinarian registered in the state of Western Australia, certify that I have conducted a disease investigation on the above stock owner's property on _____ (date) and that the following conditions have been met:

- ☐ I have received prior approval from (DPIRD veterinarian) _____
- ☐ I have submitted a full sample set and/or samples as advised by DPIRD.
- ☐ I will pass the full subsidy (disease investigation and travel) on to the farmer and include wording on the livestock producer's tax invoice to that effect.
- ☐ A copy of the tax invoice will be provided to DPIRD for auditing purposes if requested by DPIRD.

Creditor's name

Address

Australian Business Number (ABN) 49% of rebate withheld unless ABN provided

Subsidy claimed

- ☐ Disease investigation subsidy: \$330 per investigation (GST inclusive)
- ☐ Travel: _____ kilometres (km) at **66 cents per km** = \$ _____ x 1.1 = \$ _____ (GST inclusive)

Note: 200km is the maximum total travel distance that can be claimed. GST is payable on both the clinical evaluation and necropsy subsidy and travel components.

Total amount claimed: \$ _____ (GST inclusive)

Payment method

- ☐ Credit card transfer ☐ Electronic Funds Transfer (EFT)

Note: The first time a vet clinic is paid by EFT, the clinic must fill out the 'Department of Primary Industries and Regional Development Supplier creation and maintenance form' to provide bank details.

Signature

Date