

Record of Disease Event

Laboratory examination sample submission and record of disease event for significant disease investigations

AGRICULTURE VICTORIA

AgriBio – Veterinary Diagnostic Services
SAMPLE RECEPTION – MAIN LOADING DOCK
5 Ring Rd, La Trobe University Campus,
Bundoora, Victoria, 3083
Phone: 03 9032 7515 Fax: 03 9032 7604
Email: vet.diagnostics@agriculture.vic.gov.au

Please check box

☐ Interim copy ☐ Final copy

Investigating Practitioner

Name of practitioner:

Practice/Company:

Submitter address:

Postcode:

Mobile:

Business phone:

Email:

Property details

Date of investigation:

Date of first case:

Date of most recent case:

Owner name:

Contact name (if different to owner name):

PIC: 3

Trading/Property name:

Farming system (eg. dairy, intensive broiler):

Property address:

Postcode:

Primary phone:

Secondary phone:

Email:

Authorising Agriculture Victoria Officer

Authorisation from a DVO is required before submitting lab samples.

Name of authorising AgVic officer:

Date authorised:

Clinical history

History and Predisposing Factors:

Clinical signs and Post mortem lesions:

Additional comments, including condition score (list attached documents and photos):

Primary syndrome (select one from list):

☐ Abortion/ stillbirth/ perinatal loss ☐ Neurological signs

☐ Circulatory ☐ No clinical signs

☐ Congenital defects ☐ No history available

☐ Diarrhoea ☐ No suitable syndrome

☐ Found dead ☐ Non-specific illness

☐ Gastrointestinal signs (exc. Diarrhoea) ☐ Ocular lesions

☐ Genital lesions ☐ Oral lesions/salivation

☐ Ill thrift/weight loss ☐ Production drop (exc. Mastitis)

☐ Infertility ☐ Respiratory signs

☐ Jaundice ☐ Sudden death

☐ Lameness /musculoskeletal signs ☐ Skin lesions

☐ Lymphadenopathy ☐ Stranding

☐ Mass mortality ☐ Trauma

☐ Mastitis ☐ Urinary

☐ Nasal discharge ☐ Weakness/recumbency

