

AgriBio - Veterinary Diagnostic Services

**SAMPLE RECEPTION - MAIN LOADING DOCK**

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**Email: vet.diagnostics@agriculture.vic.gov.au**

**Department of**

**Energy, Environment and Climate Action**

LAB USE

ONLY

Agribio

Submission No.

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| **LABORATORY EXAMINATION SAMPLE SUBMISSION FORM & RECORD OF DISEASE**  **EVENT FORM FOR SIGNIFICANT DISEASE INVESTIGATIONS** |

**Senders Reference:**

**Interim copy**  **Final copy**  **(please check box)**

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| **Investigating practitioner** | | | | |
| **Name of practitioner:** | | **Practice/Company:** | | |
| **Mobile:** | **Business Phone:** | | **Email:** | |
| **Submitter address:** | | | | **Postcode:** |

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| **Property Details** | | | | | | | | |
| **Date of Investigation:** Click or tap to enter a date. | | | **Date of First Case:**Click or tap to enter a date. | | | | **Date of Most Recent Case:**Click or tap to enter a date. | |
| Owner Name: | | **Contact name (if different  to owner name):** | | | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **3** |  |  |  |  |  |  |  |   **PIC:** | | | |
| **Trading/Property name:** | | | | **Farming system (eg. dairy, intensive broiler):** | | | | |
| **Property address:** | | | | | | | | **Postcode:** |
| **Primary Phone:** | **Secondary Phone:** | | | | **Email:** | | | |

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| Authorising AGRICULTURE VICTORIA officer (authorisation from DVO is required prior to submission of laboratory samples) | |
| Name of authorising Ag Vic officer: | Date authorised: Click or tap to enter a date. |

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| **ANIMALS \*** | | | | |
| **Sample Collected Date:** Click or tap to enter a date. | | **Species:** | | **Breed:** |
| **No. of Animals Examined:** | **No. of Animals Affected:** | | **No. of Animals Susceptible:** | |
| **No. of Animals Dead:** | **Age:** | | **Sex:** Choose an item. | |

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| CLINICAL HISTORY |

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| **History and Predisposing Factors:** | | | |
| **Clinical Signs and Lesions:** | | | |
| **Post-mortem Lesions:** | | | |
| **Additional comments, including condition score (insert documents and photos here):** | | | |
| **Primary Syndrome:** Choose an item. | | | |
| **SPECIMEN DETAILS** | | | |
| **Animal Identification** | **Nature and Number of Specimens** | **Investigation Requested** | |
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|  |  |  | Accredited for  compliance with ISO/IEC 17025 - Testing  Accreditation  No 14477 |
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| **Signature:** | | |

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| **Provisional diagnoses** | |
| **Disease:** | **Differentials:** | |

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| **Final diagnosis** | |
| **AgriBio Bundoora lab number:** | **Previous/related lab cases:** |
| **Diagnosis:** | |

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| **ESTimated $ Value of production loss/deaths** |
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| **ADVICE to producer to stop outbreak and prevent recurrence** |
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| **Additional comments/ lesson learned** |
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**\* ANIMALS - (no. sick + no. deaths + no. at risk = no. animals of affected species on property before the disease event. The no. at risk refers to clinically normal animals at the time of investigation that are capable of being affected.)**

**NOTES**

Contact list for District Veterinary Officers (DVOs):Choose an item.

Northern – [northern.ag@agriculture.vic.gov.au](mailto:northern.ag@agriculture.vic.gov.au)

South East – [se.ag@agriculture.vic.gov.au](mailto:se.ag@agriculture.vic.gov.au)

South West – [sw.ag@agriculture.vic.gov.au](mailto:sw.ag@agriculture.vic.gov.au)

When the investigation is finalised, the following must be provided to the DVO for payment to be processed:

* final version of the completed, typewritten RODE / Agribio Submission form
* copy of laboratory report(s)
* copy of your practice invoice to your client if you are claiming cattle, sheep or goat producer subsidy
* itemised tax invoice from your practice.

**Further information:** contact your local Agriculture Victoria District Veterinary Officer or the DEECA Customer Service Centre on 136186, or visit www.agriculture.vic.gov.au

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