

AgriBio - Veterinary Diagnostic Services

**SAMPLE RECEPTION - MAIN LOADING DOCK**

5 Ring Rd, **La Trobe University Campus**,

Bundoora, Victoria, 3083

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**Department of**

**Jobs, Precincts**

**and Regions**

LAB USE

ONLY

Agribio

Submission No.

|  |
| --- |
| **LABORATORY EXAMINATION SAMPLE SUBMISSION FORM** |

|  |  |
| --- | --- |
| **Senders Reference:** | **Date of sample collection:** |

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| OWNER DETAILS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Owner’s name: | | | | | | | | | | | | | Email: | | | | | | | | | | | | | | | |
| Property/Business name: | | | | | | | | | | | | | PIC: |  | | |  |  | | | |  |  |  | | |  |  |
| Property address:  (Location of animals) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postcode: | | | State: | | | | | | | Phone: | | | | | | | | | | | | | | | | | | |
| SUBMITTER DETAILS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | Practice/Company: | | | | | | | | | | | | | | | | | |
| Submitter address: | | | | | | | | | | | | | | | | | | | | Postcode: | | | | | | | | |
| Phone: | | | | | | | | | | E-mail: | | | | | | | | | | | | | | | | | | |
| REASON FOR SUBMISSION | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diagnostic  (charge to sender) |  | Health Certification / Export | | | | | |  | EAD Investigation  Suspect case | | |  | EAD  Investigation  Surveillance case | | | | |  | | OTHER (eg project please specify): | | | | | | | | |
| Significant Disease Investigation (SDI) | | | | | |  | | **Approved by AgVIC Officer:** | | | | | | | | | | | | | | | | | | | | |
| **REPORT RESULTS TO:** | | | | COPIES | | | | DVO | | | CVO | | Other (specify): | | | | | | | | | | | | | | | |
| **Species** | | | | | **Breed** | | | | | | | | **Age** | | | **Sex** | | | **No. at risk** | | **No. sick** | | | | | **No. dead** | | |
|  | | | | |  | | | | | | | |  | | |  | | |  | |  | | | | |  | | |
| **History, Clinical assessment & Post-Mortem findings** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Provisional Diagnoses** | | | | | | | 1. | | | | | | | | 3. | | | | | | | | | | | | | |
|  | | | | | | | 2. | | | | | | | | 4. | | | | | | | | | | | | | |
| SPECIMEN DETAILS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Animal Identification** | | | | | | | **Nature and no. of specimens** | | | | | | | | **Investigation requested** | | | | | | | | | | | | | |
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|  | | | | | | |  | | | | | | | |  | | | | | | | | | | Accredited for  compliance with ISO/IEC 17025 - Testing  Accreditation  No 14477 | | | |
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| **Signature:** | | | | | | | | | | | | | | | | | | | | | | | | |