UPS, FedEx or Courier shipping address:
1940 SE Olympia Ave.
Pullman, WA. 99164-7034
DO <u>NOT</u> SHIP FEDEX GROUND
Phone: (509) 335-9696
Fax: (509) 335-7424
Email: waddl@vetmed.wsu.edu
http://waddl.vetmed.wsu.edu

AVIAN INFLUENZA ACCESSION FORM
LACTATING LIVESTOCK TESTING FORM

Washington Animal Disease Diagnostic Laboratory
College of Veterinary Medicine, Washington State University

WADDL
USE
ONLY

Please type or use black ink and print clearly

SELECT REASON FOR TESTING:

Veterinarian:	Healthy Livestock for Movement
Clinic:	Interstate International
Street:	**Herd Premise ID:** _____
City: State: Zip:	Est. Date of Movement: _____
Phone:	Health Monitored or Worried Livestock
E-mail:	**Herd Premise ID**: _____
Owner:	!!!!!!! Sick Livestock
Street: County:	**Herd Premise ID**: _____
City: State: Zip:	**FAD #**: _____
Phone:	Species: _____
Sample Collection Site Same as Owner? Yes No *If NO please fill out address of collection site below:*	No. of Samples Submitted: _____ Total No. Livestock Submitted:_____
Street: County:	Age of Livestock: _____
	Collection Date: _____
City: State: Zip:	Sample Ship Date:_____

Note: WADDL reserves the right to modify the tests requested for more efficient case work-up and/or to send specimens to outside laboratories that perform testing not done at WADDL. Samples submitted are the property of WADDL and may be discarded 30 days after receipt.

COLLECTION GUIDELINES FOR LACTATING LIVESTOCK TESTING:

- NOTE: TESTING WILL BE DELAYED IF PREMISE ID IS NOT SUBMITTED.
- Veterinarian is required to sample animals for testing
- Collect composite milk samples (all 4 quarters) from each animal
  DO NOT POOL FROM DIFFERENT ANIMALS
- Collect 5-10mL of milk total per animal
- Use mastitis tubes that the dairy farm has on hand, preferably with a screw cap tops
  OR
- Call/email the laboratory for sampling tubes to be delivered at the cost of the client
  DO NOT PARAFILM OR TAPE LIDS
- Double bag tubes with absorbent material and tightly pack samples in insulated shipping container. Ship overnight with cold packs. Place a copy of the submission form inside the box in a Ziplock bag.
- Ship to WADDL early in the week. Call/email WADDL before with accession and tracking information.

Submitter's Signature:	Date:

IDENTIFICATION SHEET FOR MULTIPLE ANIMALS
LACTATING LIVESTOCK TESTING

Washington Animal Disease Diagnostic Laboratory
College of Veterinary Medicine, Washington State University

Mailing address:
P.O. Box 647034, Pullman, WA .99164-7034
Phone: (509) 335-9696
Email: waddl@vetmed.wsu.edu

Shipping address:
1940 SE Olympia Ave, Pullman, WA. 99164-7034
FAX: (509) 335-7424
Website: http://waddl.vetmed.wsu.edu

Owner: _____

Veterinarian: _____

Test(s) Requested: **Pooled Milk IAV-A PCR Test** _____

Tube	Animal # or Name	Tube	Animal # or Name	Tube	Animal # or Name	Tube	Animal # or Name
1		26		51		76	
2		27		52		77	
3		28		53		78	
4		29		54		79	
5		30		55		80	
6		31		56		81	
7		32		57		82	
8		33		58		83	
9		34		59		84	
10		35		60		85	
11		36		61		86	
12		37		62		87	
13		38		63		88	
14		39		64		89	
15		40		65		90	
16		41		66		91	
17		42		67		92	
18		43		68		93	
19		44		69		94	
20		45		70		95	
21		46		71		96	
22		47		72		97	
23		48		73		98	
24		49		74		99	
25		50		75		100 *	

*For over 100 samples, please copy this form and continue numbering.

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