

Washington Animal Disease Diagnostic Laboratory

College of Veterinary Medicine, Washington State University

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Please type or use black ink and print clearly.

Veterinarian or Case Coordinator: Last Name:	First Name:
Clinic:	
Street address:	Mailing Address
City:	State: Zip:
Phone:	Fax: E-mail:

WADDL
USE
ONLY

Farm Name:	First Time Submitter?	Yes	No
Owner: Last Name first:	Guardian Name: (if owner is under 18)		
Street address:	Mailing Address		
City:	State:	Zip:	
Phone:	Fax:	E-mail:	

Billing: Clinic 3rd Party (preapproved only) Owner NOTE: Unless prepaid, WADDL will bill the work to the Clinic if listed above.

Reporting Preference: Mail Fax Web access - register on web site at <http://waddl.vetmed.wsu.edu>

Please fill out completely as possible:

Species	Breed	Age	Sex	Breeding System:	AI	Live Cover
Animal ID (name/tag#)	Animal Weight	No. in group	No. on Premises	No. Abortions this outbreak:	Gestational Age:	

Current vaccinations: Date: _____ _____ _____ _____	Clinical disease preceding abortion: <input type="checkbox"/> In the dam <input type="checkbox"/> In the herd / group Type: <input type="checkbox"/> Enteric <input type="checkbox"/> Respiratory <input type="checkbox"/> Other _____	Date Collected: Herd abortion problem is judged: <input type="checkbox"/> Sporadic <input type="checkbox"/> Continuing problem <input type="checkbox"/> Recent outbreak Previous submission last 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 after 30 days.

Additional History: (Include any recent observations of stillbirths, birth of weak calves, perinatal disease, etc.)

WADDL is an official brucellosis testing laboratory. All serology for brucellosis, including abortion screens, requires identification of animals, date of sample collection, and signature of an accredited veterinarian attesting to the following statement:

"I certify that the specimens submitted with this form were collected by me from the animal(s) described on the date indicated."

Veterinarian's, Clinician's or Owner's Signature:	Condition(s) Suspected:
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Abortion Diagnostic Panels & Testing

General Submission Checklist

AAVLD accredited; USDA National Laboratory Network, Level 1

The samples and tests listed below are suggested to detect common and high consequence causes of reproductive disease in the Pacific Northwest, and are not exhaustive. Please include clinical, herd, and management history, and suspected causes on the [Accession Form for Abortion Diagnosis](#) to alert about special diagnostic needs.

Please contact 509.335.9696 to consult with the on-duty Pathologist or Microbiologist.

For current prices (including out-of-state pricing), go to the [Web Test Search Tool](#) and type “abortion” in the query field.

Abortion Panels: Checklist for Samples to Submit			
Samples			Preservation
fixed tissues: <input type="checkbox"/> placenta* <input type="checkbox"/> affected skin, if suspect fungal causes	<input type="checkbox"/> brain (whole) <input type="checkbox"/> tongue <input type="checkbox"/> lung <input type="checkbox"/> heart <input type="checkbox"/> thymus <input type="checkbox"/> thyroid	<input type="checkbox"/> diaphragm <input type="checkbox"/> liver <input type="checkbox"/> kidney <input type="checkbox"/> spleen <input type="checkbox"/> lymph node	<input type="checkbox"/> fixed in 10% buffered neutral formalin at 10:1 (formalin:tissue) ratio. <input type="checkbox"/> maximum 1 cm sample thickness (along at least one plane of section).
fresh (unfixed) tissue: <input type="checkbox"/> placenta* <input type="checkbox"/> pooled (liver, kidney, spleen & lung) <input type="checkbox"/> fetal stomach content <input type="checkbox"/> liver			fresh chilled
<input type="checkbox"/> fetal thoracic fluid			fresh chilled
OPTION FOR GROSS EVALUATION: for an additional fee per fetus <input type="checkbox"/> entire fetus <input type="checkbox"/> entire placenta (included with evaluation of fetus)			fresh chilled
blood clotted or blood serum separator tube from dam (fetal thoracic fluid accepted if unable to get dam’s serum): for a separate panel fee per sample			fresh chilled

***Many causes for abortion, including reportable diseases, require evaluation of the placenta.**

For testing and fee details regarding the abortion panel options and additional tests available, please go to the [Web Test Search Tool](#) and type “abortion” in the query field, or use the following hotlinks:

- [Bovine Abortion Panel & Testing Options](#)
- [Small Ruminant Abortion Panel & Testing Options](#)
- [Equine Abortion Panel & Testing Options](#)
- [Camelid Abortion Panel & Testing Options](#)