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| A picture containing black, darkness  Description automatically generated | | | | | | | | | | | | | | | | | Duty Pathologist – Specimen Reception  Department of Primary Industries and  Regional Development  Building 102, 3 Baron-Hay Court  South Perth WA 6151  Email: DDLS@dpird.wa.gov.au | | | | | | | | | | | | | | | | | | | | | | **DPIRD office use only** | | | | |
| **Barcode** | | | | |
|  | | | | |
| DPIRD Diagnostics and Laboratory Services (DDLS)  Animal Pathology  Diagnostic Submission Form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Case manager** | | | | |
|  | | | | |
| **Case number** | | | | |
|  | | | | |
| Submission details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **DPIRD laboratory extra information** | | | | | | | | | | | | | |
| Your reference | | | | | | | | | | | | | | | Date sent | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
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| Submitted by | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DPIRD client code  (if known) | | | | | | | | |  | |  | |  | |  | | | |  | |  | |  | |  | | |  |  |
| Name | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Practice name/district office | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postal address | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shire/town/suburb | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | State | | |  | | | | Postcode |  |
| Landline | | | | |  | | | | | | | | | | | | Mobile | | | | |  | | | | | | | | | | Email | | | |  | | | | | | | |
| Owner details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PIC | |  |  | | |  |  |  | |  | |  | |  | | Trading name | | | | | | | | | |  | | | | | | | | | | | Property name | | | |  | | |
| Owner | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Property identification number | | | | | | | | | | | | | | | | | |  | |  | |  | |  | | |  | |  |  | GPS coordinates | | | | | | | | |  | | | |
| Property address | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shire/town/suburb | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | State | | |  | | | | Postcode |  |
| Landline | | | | |  | | | | | | | | | | | | Mobile | | | | |  | | | | | | | | | | Email | | | |  | | | | | | | |
| Charge exemption category request (please select) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Category 1 Suspect exotic disease | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Category 2 Reportable diseases exclusion | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | Category 3 High morbidity/high mortality | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Category 4 Significant Disease Investigation (SDI) | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | Category 5 Transmissible Spongiform Encephalopathies (TSE) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Category 6 Government surveillance program name | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Approved by | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Disclosure of test results** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Submitting Party agrees that it is authorised to request the testing of the Testing Material listed below and it has read and agrees to the [Terms and Conditions](https://www.agric.wa.gov.au/livestock-biosecurity/terms-and-conditions-dpird-diagnostics-and-laboratory-services-ddls) for DPIRD Diagnostics and Laboratory Services that can be accessed at the DPIRD website. Samples will be tested as received. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Case number of any previous related investigation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | Accreditation number: 13724 – Testing  Accreditation for compliance with ISO/IEC 17025 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
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| Epidemiology | | | | | | | | | | | | |
| Species | |  | | | | Age |  | | Number of animals in affected group | | |  |
| Breed | |  | | | | Sex |  | | Number of animals dead | | |  |
| Other species of stock on property | | | | |  | | | | Number of animals alive and affected | | |  |
| Clinical syndrome | | | | | | | | | | | | |
| 1° |  | | | | | | | Other | |  | | |
| 2° |  | | | | | | |  | | | | |
| History | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Clinical signs | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Post-mortem findings | | | | | | | | | | | | |
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| Provisional diagnosis | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Date collected | | |  | | | | | Number of containers | | |  | |
| Animal identification | | | | Specimen details | | | | Test(s) required | | | | |
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