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| **For Lab use only**  |
| APHA submission No: 19- | Path No: | Date of PM:  | Pathologist:  |

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| **Date of submission (dd/mm/yy):**       |
| **Client and Veterinary practice details** |
| Client name & farm address:      Postcode      CPHH No.       | Veterinary practice name & address:     Postcode       |
| Address where animals kept if different from above:      | Clinician name:     Email for PM Report:       |

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| **Animal(s) details** |
| Species:       | Breed:       |
| Age (specify days/weeks/months/years)(If abortion specify age of mother):      | Age category |
| Sex:  | Date of death (dd/mm/yy):      |

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| Purpose/husbandry – please enter the main enterprise under which the affected animals are kept |
| Organic production:  |
| Cattle: | Sheep | Pig | All classes |

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| Is this the first sample from this case/outbreak?  | Previous lab results:       |

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| **Clinical history** |
| Duration of clinical signs: | Housing |
|
| No. of herd in flock  | No. in affected group  | No. affected including dead  | No. died |
|       |       |       |       |

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| **Clinical signs (multiple replies possible)** |
| [ ]  Abortion[ ]  Repro[ ]  Clinical mastitis[ ]  Sub clinical mastitis | [ ]  Milk drop[ ]  Malaise[ ]  Diarrhoea[ ]  GIT | [ ]  Wasting/poor condition[ ]  Lameness[ ]  Musc/Skel [ ]  Recumbent | [ ]  Found dead[ ]  Respiratory[ ]  Skin[ ]  Urinary | [ ]  Nervous signs[ ]  Eye disease[ ]  Unknown[ ]  Other |

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| **Written clinical history (incl. vaccinations/ worming, clinical signs, treatment, suspect diagnoses)**  |
|       |

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| **Animal and sample identification** |
| *Official animal ID**Sample ID* | *Type and number of samples* | *Date taken (dd/mm/yy)* |
|       |       |       |

[ ]  Please tick the box if you DO NOT give permission for tissues to be used for anonymous surveillance, teaching and research purposes.

Please ensure that the animal owner is aware that tissues of the submitted animal may be retained for diagnostic / research/ teaching purposes and that permission to do so is implicit in submission.