

Ovine Abortion Submission Form

Veterinarian:	
Practice:	
Owner:	
Owner Address:	
Clinic Reference:	
Species:	Ovine
Breed:	

FORM ID: LAB USE ONLY DO NOT COVER	
Date Sample Collected: / /	
Animal Name / ID:	
Age:	year(s) month(s)
Sex:	

Tissues to be collected (or submit whole fetus):

Fresh:		Fixed:	
Placenta	Liver	Placenta	Kidney
Lung	Brain	Heart	Spleen
Heart Blood	Fetal Fluid	Lung	Brain
Kidney		Liver	Thyroid (if enlarged)
Stomach Contents (or swab of stomach in culture medium if no fluid)			

No. at Risk	No. Aborted
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Previous Case No:
History:
Vaccines given and date(s):
Time period of abortion:
Approximate gestational age:
Maternal condition and illness:
Additional History:
Gross lesions in fetus or placenta:

Recommended tests:

Aerobic Culture (Listeria, Trueperella, Bacillus, etc.) & Microscopy including DCF stain (Campylobacter)	Stomach Contents
Campylobacter Culture	Stomach Contents
Salmonella Culture	Stomach Contents
Toxoplasma PCR	Brain, Lung, Stomach Contents

Additional Testing:

Border Disease (Hairy Shaker) Ab ELISA	Heart Blood, Fetal Fluid
Border Disease (Hairy Shaker) PCR	Brain, Heart Skin, Heart Blood
Campylobacter PCR	Stomach Contents
Fetal Necropsy	Fetus
Histology	Fixed Tissues (in table above)
Leptospira PCR	Kidney, Placenta, Stomach Contents
Toxoplasma LAT	Fetal Fluid, Heart Blood

Maternal Serology:

Border Disease (Hairy Shaker) Ab ELISA	●
Toxoplasma LAT	●

Sent Recd Samples Submitted

Sent	Recd	Samples Submitted	
		Heparin (Green Top)	●
		Fl. ox (Grey Top)	●
		Serum (Red Top)	●
		EDTA (Purple Top)	●
		Slide	
		Citrate (Blue Top)	●
		Fluid (Red Top)	
		Fluid (Purple Top)	
		Swab	
		Urine	●
		Faeces	
		Fresh Tissue	
		Fixed Tissue	
		Hair	
		Milk	
		Other:	