



<b>Lab use only:</b>
<b>Date received</b>

<b>Submitter &amp; Clinic Details:</b>		<b>ABN:</b>	
Address:	Phone :	Mobile:	
	Email:		

<b>Owner Name:</b>	<b>PIC</b> - a valid pic must be supplied																		
Property Address:																			
Mailing Address (if different to above):																			

<b>DISEASE SUSPECTED</b>	<b>1.</b>	<b>2.</b>	<b>3.</b>
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<b>Reason for Testing</b>	<input type="checkbox"/> District Surveillance	<input type="checkbox"/> Exotic/Notifiable	<input type="checkbox"/> Research	<input type="checkbox"/> Accreditation/MAP	<input type="checkbox"/> Charge WBS _____
	<input type="checkbox"/> AI Centre	<input type="checkbox"/> Import from (state or country) _____	<input type="checkbox"/> Export to (state or country) _____		
<b>Date of collection:</b>	Species		Number at risk		
	Breed		Number sick		
	Age	Sex	Number dead		

Number & Type of Specimen	Tests Requested	Lab use only

<b>History (husbandry, nutrition, clinical signs, treatment, lesions)</b>

<b>Veterinarian's Name (please print)</b>	<b>Sign</b>	<b>Date</b>
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Test results and findings may be provided to authorised staff and used for statistical, surveillance, extension, certification and regulatory purposes in accordance with Departmental policies. The information assists disease and residue control programs and underpins market access for agricultural products. The source of the information will remain confidential unless otherwise required by law or regulatory policies.