NORTHERN TERRITORY GOVERNMENT

V.4 Sept 2018

Berrimah Veterinary Laboratory (BVL)

Specimen Advice Note (SAN)

B

BVL Laboratory Number:

Postal address: GPO Box 3000, Darwin NT 0801 **Delivery address:** 29 Makagon Road Berrimah NT 0828 **Phone:** 08 8999 2249 **Fax:** 08 8999 2024 **email:** bvl@nt.gov.au

Property name..... Property Identification Code (PIC):.....
Owner or Contact name:.....
.....
Address:..... State:..... Postcode:.....
Phone:..... Fax..... Email.....

Submitter details:.....
Clinic/Establishment.....
Name:.....
Address:..... State:..... Postcode:.....
Phone:..... Fax..... Email.....

Reason for submission:(Please circle) Diagnostic Health Certification/Export Research/Surveillance
Previous submission/reference (eg Case/Lab number, special reporting requirements)

Animal/Herd info: Species..... Breed..... Sex..... Age..... (hours, days, weeks, months, years)
NLIS tag..... and/or Animal Id.....
Numbers at risk..... sick..... dead..... recovered..... euthanised.....

HISTORY, CLINICAL FINDINGS and EPIDEMIOLOGY (Clinical signs, duration of illness, treatment, vaccinations, management, feeding, pasture, water, stocking rate, origin of stock, condition, pregnancy, lactation, etc, **AQUATICS -** Water quality parameters, tank/pond dimensions. culture system, etc.).
Post Mortem findings:..... Hours since death:.....
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Disease suspected:.....
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Specimens submitted and required tests:
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Date Specimens collected and time:
Specimens collected by (if different to submitter):

Laboratory use only:
Duty Pathologist..... **Data entry by**..... **Date Rec'd**.....

Pathology.....
Histology.....
Bacteriology.....
Cytology.....
Clinical Pathology: Chem..... Haem.....
Entomology.....
Molecular.....
Parasitology.....
Serology.....
Virology.....
Referral.....
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Storage.....
Other.....
.....
Fee for Service ☐

Comment:.....
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Submitter's Name: **Signature** **Date submitted:**