

ANALYSIS REQUEST FORM: Marine/Wild/Exotic mammals

A. ADMINISTRATIVE INFORMATION	Your reference:	Dossier nr.:
Veterinarian: name and surname (stamp) Order affiliation nr.: Email:	Inspector FASFC: name Local Control Unit (LCU):	

Holder:

Sanitel herd number: _____

surname _____ first name _____

street _____ nr. _____

postal code _____ city _____

Submitted by:

Veterinarian
 Inspector / FASFC
 Holder
 Lab / Other _____

Report results to:

Veterinarian
 Inspector / FASFC
 Holder
 Lab / Other _____

Invoicing: Complete field 1 or field 2

<p>Field 1</p> <p>Invoice for the analyses in the name of:</p> <p> <input type="radio"/> Veterinarian <input type="radio"/> Holder <input type="radio"/> Laboratory <input type="radio"/> Other </p> <p>Client nr. (if known) _____</p> <p>name _____</p> <p>street _____</p> <p>nr. _____ postal code: _____</p> <p>city _____</p> <p>VAT _____</p> <hr/> <p>Field 2</p> <p>Analysis costs deducted via:</p> <p> <input type="radio"/> Contract with Sciensano (contract nr. or ref.) _____ <input type="radio"/> FASFC (Provided prior agreement by FASFC was given) </p>	<p>Motive of analysis request:</p> <p> <input type="radio"/> Diagnostic <input type="radio"/> Import: <input type="radio"/> Export: <input type="radio"/> Purchase / Sale <input type="radio"/> Outbreak <input type="radio"/> Certification / Qualification <input type="radio"/> Official program: Screening-Surveillance <input type="radio"/> Collection /Competition <input type="radio"/> Re-evaluation positive / non-interpretable result <input type="radio"/> Suspicion (suspect symptoms): </p> <p><input type="radio"/> Other:</p>
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B. SUBMITTED MATERIAL	Sampling date:	Nr. of samples:	Nr. of animals:
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Species:

- Mustelids (please specify):
- Marine mammals (please specify):
- Wild mammals (please specify):
- Exotic mammals (please specify):

Type of material:

- | | | |
|---|---------------------------------|---|
| <input type="checkbox"/> non-coagulated blood | <input type="checkbox"/> embryo | <input type="checkbox"/> organs (please specify): |
| <input type="checkbox"/> serum | <input type="checkbox"/> sperm | <input type="checkbox"/> swab (please specify): |
| <input type="checkbox"/> milk | <input type="checkbox"/> feces | <input type="checkbox"/> bacterial strain (please specify): |
| <input type="checkbox"/> cadaver | <input type="checkbox"/> feed | <input type="checkbox"/> other (please specify): |
| <input type="checkbox"/> eggs | <input type="checkbox"/> urine | |

Identification of submitted material:

Nr	Animal ID	Other ID	Material	Date of birth / Age	Sex	Weight (kg)	External reference
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

In case a specific test \diamond is requested for a disease, please specify this in the designated column. In case the requested test/disease combination does not apply to all identified individuals, enter the "Nr." specified in "Identification of submitted material" of each animal in the correct test/disease field(s).

Bacterial diseases

		Molecular Test \diamond	Bacteriological Test \diamond	Serological Test \diamond	Antibiogram
<input type="checkbox"/> Brucellosis	BRU				
<input type="checkbox"/> Campylobacteriosis (C. Fetus)	CAM				
<input type="checkbox"/> Chlamydiosis	CHL				
<input type="checkbox"/> Colibacillosis	COL				
<input type="checkbox"/> Leptospirosis	LEP				
<input type="checkbox"/> Mycoplasmosis	MYC				
<input type="checkbox"/> Infectious Epididymitis	OVE				
<input type="checkbox"/> Paratuberculosis	PTU				
<input type="checkbox"/> Q Fever	QFV				
<input type="checkbox"/> Tuberculosis	TUB				
<input type="checkbox"/> Other:					

Typing of Salmonella and other bacterial strains (zoonotic) according to:

https://www.sciensano.be/sites/default/files/097form_11-vm-97-naanvraag_typering_van_bacteriele_stammen_geisoleerd_uit_de_voeding823-04-2019.pdf

Viral diseases

	Molecular Test ◊	Virological Test ◊	Serological Test ◊
<input type="checkbox"/> Avian Influenza	AFL		
<input type="checkbox"/> Aujeszky	AUJ		
<input type="checkbox"/> BHV 4	BHV		
<input type="checkbox"/> Bluetongue	BLT		
<input type="checkbox"/> Border disease	BOD		
<input type="checkbox"/> BVD	BVD		
<input type="checkbox"/> CAE	CAE		
<input type="checkbox"/> Enzootic bovine leukosis	EBL		
<input type="checkbox"/> Epizootic hemorrhagic disease virus	EHD		
<input type="checkbox"/> EHV1	EHV		
<input type="checkbox"/> Encephalomyocarditis	EMC		
<input type="checkbox"/> Influenza	FLU		
<input type="checkbox"/> Foot & mouth disease	FMD		
<input type="checkbox"/> IBR	IBR		
<input type="checkbox"/> Maedi Visnae	MAE		
<input type="checkbox"/> PCV2 (Circovirus porcin)	PCV		
<input type="checkbox"/> Newcastle disease	NEW		
<input type="checkbox"/> PI 3	PI3		
<input type="checkbox"/> Poxviridae	POX		
<input type="checkbox"/> Parapoxvirus	PPO		
<input type="checkbox"/> RSB	RSB		
<input type="checkbox"/> Rift Valley fever	RVF		
<input type="checkbox"/> Schmallenberg virus	SV		
<input type="checkbox"/> Vesicular stomatitis	VST		
<input type="checkbox"/> West Nile	WND		
<input type="checkbox"/> Other:			

Rabies diagnosis in animals according to:

https://www.sciensano.be/sites/default/files/074form_13-3-74-naanvraag_voor_diagnose_van_rabies-dier707-09-2018.pdf

TSE

<input type="checkbox"/> Transmissible Encephalopathy	TSE	
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Electron microscopy:

◊ Main available methods:

- Molecular tests: genotyping, PCR, Real Time-PCR
- Bacteriological tests: isolation, identification, special staining, telling, antibiotics sensitivity test
- Virological tests: isolation, negative staining, immunofluorescence, Elisa Antigen, viral presence, hemadsorption
- Serological tests: seroneutralisation, antibody titration, hemagglutination inhibition, Elisa Antibody (gE, gB, indirect,...), complement binding reaction, Immunofluorescence, immunodiffusion, agglutination, Rose Bengal test.

These methods are not necessarily available for all diseases. In case of doubt, please consult the table in this link:

<https://www.sciensano.be/nl/analyse-aanvragen/aanvraag-voor-veterinaire-analyse>

<p>Date and signature of the requestor:</p> <p><input type="checkbox"/> Veterinarian <input type="checkbox"/> FASFC/LCU <input type="checkbox"/> Lab / Other</p>	<p><i>(Reserved for Sciensano. Do not fill out this field)</i></p> <p>Date of reception: _____ signature: _____</p> <p>Time: _____</p> <p>State received: <input type="checkbox"/> T <input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> O</p> <p>Assessment date: _____ signature: _____</p> <p>Time: _____</p> <p>Request conform: <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Registration date: _____ signature: _____</p> <p>Time: _____</p>
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