Department of Primary Industries and Regional Development

Footrot Specimen Advice Form

Use this form when submitting samples for diagnostic testing of Footrot. Completed forms and associated samples can be submitted to the laboratory at Woodbridge Road, Menangle. For assistance in completing this form contact Customer Service on 1800 675 623. For current pricing refer to the Veterinary Test List. Please read the privacy statement for information about how the NSW Department of Primary Industries and Regional Development manages your personal information.

Customer No: **Your Reference:** **Quote No:** (If applicable)

SUBMITTER DETAILS	
Submitter name:	ABN:
Company/Clinic:	Phone:
Postal address:	Email:
OWNER DETAILS	
Owner name:	Phone:
Property address:	PIC:
Postal address:	

SUBMISSION DETAILS			
Sample collection date:	**Disease suspected:**	**Test(s) requested:**	**Lab use only**
Total no. of samples:	☐ Virulent Footrot	☐ Culture & Elastase	DI_NOD_CLT
Sample type: ☐ Hoof swab	☐ Benign Footrot	☐ Culture	DI_NOD_ELA
☐ Other. Specify below:	☐ Not Footrot	☐ Elastase	
	☐ Uncertain	☐ Other:	

Case history	
Breed:	Lameness rate:
Mob name:	Lameness rate to be expressed as a percentage of sheep with lameness
No. in mob:	Lesion activity: ☐ 0% ☐ <5% ☐ 5% - 20% ☐ >20%
No. dead:	Lesion activity expressed as percentage of new, active lesions with ≥ score 2
No. sick:	Foot bathing? ☐ Yes ☐ No
No. at risk:	If yes, Last date:
No. examined:	Chemical:
Random exam? ☐ Yes ☐ No	Frequency:
If <100 sheep examined, state why below:	Duration:
	Other treatments:
	Environmental factors (1= Limiting, 2 = Marginal, 3 = Favourable)
	Moisture: ☐ 1 ☐ 2 ☐ 3
Footrot Score (No. of sheep at each score)	Pasture: ☐ 1 ☐ 2 ☐ 3
Score 0:	Temperature: ☐ 1 (Hot) ☐ 1 (Cold) ☐ 2 ☐ 3
Score 1:	Environmental score:
Score 2:	Environment score expressed as sum of environmental factors
Score 3:	Do environment conditions match scores observed? ☐ Yes ☐ No
Score 4:	If no, ☐ Lesion more severe than expected
Score 5:	☐ Lesion less severe than expected

Clinical Notes

DECLARATION

By signing below, I declare that I am authorized to request analysis on the samples listed above and I have read and agree to the NSW DPIRD Laboratory Services Terms and Conditions that can be accessed on the website or provided to me by contacting Customer Services.

Name: **Signature:** **Date:**

LAB USE ONLY	☐ D ☐ M ☐ AI ☐ E ☐ Other: ☐ URGENT ☐ After hours approved ☐ Esky return ☐ Pg 1 only ☐ No/incorrect ID's	**QA**
Bacto Fridge (HOLD_BACTO)	SR Fridge (SRD_HOLD_4) SR Room (SRD_HOLD) Total received: Condition:	

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Keylist												
SHEEP	FOOT 1	FOOT 2	FOOT 3	FOOT 4	HIGHEST SCORE	FOOT SAMPLE	SHEEP	FOOT 1	FOOT 2	FOOT 3	FOOT 4	HIGHEST SCORE
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
19							69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					