

Specimen Submission Form

University of Pennsylvania
 Botulism Diagnostic Laboratory
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 Kennett Square, PA 19348
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 Email: tfyock@upenn.edu

UPENN Botulism Lab No: _____
 Date Submitted: _____
 NBC Case Tracking #: _____
 Date Set Up: _____
 Date Completed: _____
 Date Final Letter Sent: _____

FOR LABORATORY USE ONLY

Owner/Company:

Name: _____
 Business Name: _____
 Street: _____
 City, State: _____ Zip: _____
 County: _____
 Phone: _____
 Fax: _____

Vet/Agent/PI:

Name: _____
 Business Name: _____
 Street: _____
 City, State: _____ Zip: _____
 Phone: _____
 Fax: _____
 Email address: _____

Animal ID:

Your Case #: _____
 Name: _____
 Species: _____
 Breed: _____
 Sex: _____
 Age: _____

Sample ID:

Your Case #: _____
 Sample Type: _____
 Date Collected: _____
 # of Samples: _____
 Frozen (Y/N): _____

The following information is required of ALL samples submitted for botulism testing:

General Information

Animals Exposed: _____
 # Animals on Farm: _____
 # w/ Clinical Signs: _____
 # Animals Dead: _____
 Treatment: _____
 Diagnosis: _____
 Antibiotics: _____
 Antitoxin (yes or no): _____

Clinical Signs Observed (Check all that apply)

Decreased Tongue Tone: _____
 Decreased Tail Tone: _____
 Dysphagia: _____
 Progressive weakness (over days): _____
 Recumbant: _____
 Respiratory distress: _____
 Decreased PLR: _____
 History of eating fermented feeds: _____

Please include additional History on separate page if applicable

This space for laboratory use:

Bot Lab #	Sample ID	qPCR (+/-)	Ct Value