Specimen Submission Form
University of Pennsylvania
Botulism Diagnostic Laboratory
382 West Street Road
Kennett Square, PA 19348
Phone: 610-925-6245  Fax: 610-925-6807
Email: tfyock@upenn.edu

Owner/Company:
Name: ________________________________
Business Name: ________________________________
Street: ________________________________
City, State: ________________________________ Zip: ________________________________
County: ________________________________
Phone: ________________________________
Fax: ________________________________

Vet/Agent/FI:
Name: ________________________________
Business Name: ________________________________
Street: ________________________________
City, State: ________________________________ Zip: ________________________________
County: ________________________________
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): ________________________________
Recumbent: ________________________________
Respiratory distress: ________________________________
Decreased PLR: ________________________________

History of eating fermented feeds: ________________________________

Please include additional History on separate page if applicable

This space for laboratory use:

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<thead>
<tr>
<th>Bot Lab #</th>
<th>Sample ID</th>
<th>qPCR (+/-)</th>
<th>Ct Value</th>
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