



## TSE Surveillance Submission Form

Telephone (04) 576 8055

E-mail [TSESurveillance@mpi.govt.nz](mailto:TSESurveillance@mpi.govt.nz)

Postal address TSE Surveillance Manager, Ministry for Primary Industries, PO Box 2526, Wellington 6011

### Lab details

Lab accession number .....

Previous lab accession number .....

### Veterinarian's details

Veterinarian's name .....

Practice name .....

E-mail address .....

Phone number (.....).....

### Owner's details

Owner's name .....

Trading name (if different) .....

Farm ID .....

FarmsOnLine number .....

NAIT number .....

Physical address .....

Post code

Postal address (if different) .....

Post code

E-mail address .....

### Animal details

Date sample collected ..... / ..... / 20.....

Tag number .....

Breed .....

M  F Sex

Age (years)\*  ≥ 2 and < 4  ≥ 4 and < 7  ≥ 7 and < 9  >9

\* Cattle < 30 months or > 9 years of age are not eligible

Production type  Milk  Meat  Fibre  Mixed

Brain removed before submission to lab?  Yes  No

### Clinical details

Species and presenting sign (please mark the appropriate box)

Presenting sign	Species			
	Bovine	Ovine	Caprine	Cervine
Progressive non-responsive nervous disease				
Non-responsive metabolic disorder				
'Downer' cattle with no obvious injury				
Dairy cattle culled for behavioural reasons				
Abnormal gait or stance without obvious injury				
Progressive non-responsive cases of ill-thrift				
(Per)acute pneumonia or aspiration pneumonia				

Clinical history (demonstrate the progressive nature of presenting signs)\*

\* This must be completed with some meaningful information to receive payment

### Declaration

I declare these details are true and accurate, and these samples are not from animals I own, either wholly or in part through partnerships, companies, or other forms of ownership.

Signature of veterinarian ..... Date ..... / ..... / 20.....

**To receive payment, we require the following documents to be submitted via the e-mail or postal addresses above:**

1. An **original invoice** from the veterinarian via post (stating histology number and direct credit details)
2. A fully completed **TSE Surveillance Submission Form**
3. A copy of the **histology report** with the pathologist's signature