Case Tracking Log for 2020-10460 (d)

Note: comments on this log are accurate to the time at which this page was printed; any additional comments are not included. The most current case tracking comments are available online at
`https://w3.vetmed.wsu.edu/waddl/wadds/commentlog/index.php?caseno=2020-10460`

2020-10460 08/11/20
Ref Vet: Baldwin, Tom
Owner: [redacted]
Breed: Mink
Routing: md

Accession Data

Login Time: 2020-08-11 12:28:31-07
Logged in by: Vautour, Joseph
Delivered via: FedEx

Specimens

Spec. Count				
vadds	form††	in box†††	Specimen Type	Specimen Condition
5	5	5	Lung	Fresh, on ice bags
5	5	5	Nasopharyngeal swab	Fresh, on ice bags

Comments

Note: this is a printed copy of the case comment log, available at
`https://w3.vetmed.wsu.edu/waddl/wadds?caseno=2020-10460`
All additional comment should be added to the comment log at this website; comments are no longer recorded in paper form.

Aug 11, 2020 12:31:00 PM
Nasopharyngeal swabs are in a pink media. Lungs are fresh. Emailed Dan, Dr.Snekvik, and Becca about this case.
Vautour, Joseph

Aug 11, 2020 01:54:00 PM
Dr. Amanda Price, the Utah State Veterinarian phone me and gave approval to testing the mink samples for SARS-CoV-2.
Baszler, Tim

Aug 12, 2020 08:08:00 AM
From: Tom Baldwin ¡tom.baldwin@usu.edu¿
Date: Monday, August 10, 2020 at 7:13 AM
To: "Baszler, Timothy V" ¡baszlert@wsu.edu¿, "Snekvik, Kevin Roy" ¡ksnek@wsu.edu¿
Cc: Dean Taylor ¡djtaylor@utah.gov¿
Subject: Mink with suspect SARS-CoV-2

Tim and Kevin,

We have a number of mink farms in which adult mink are dying at concerning rates. Moreover, farm personnel are experiencing upper respiratory infections and

†: this comment has not been verified by the author
††: form counts are only available if the specimen was logged into vadds when the case was created
†††: counts of specimens in box are only if the specimens are counted during login

Case Tracking Log for 2020-10460 (d)

Note: comments on this log are accurate to the time at which this page was printed; any additional comments are not included. The most current case tracking comments are available online at
`https://w3.vetmed.wsu.edu/waddl/wadds/commentlog/index.php?caseno=2020-10460`

2020-10460 **08/11/20**
Ref Vet: Baldwin, Tom
Owner: [redacted]
Breed: Mink
Routing: md

one farm manager has died from SARS-CoV-2 infection. I have about 20 mink coming to me today for postmortem examination. I am hoping to send samples to you for PCR testing as we are not up and running yet with our assay. I was planning on sending you lung but are there other samples that you want/prefer?

I hope each of you and your family members are healthy and virus-free.

Best,

Tom

Thomas J. Baldwin, DVM, PhD, DACVP
Director, Utah Veterinary Diagnostic Laboratory
950 East 1400 North
Logan, UT 84341

Baszler, Tim

Aug 13, 2020 09:05:00 AM
Additional tests were requested:

Tissue: NP swabs, Lungs
Species: Mink
Location: MD
Submitting vet notified: yes
Requested Tests:
MD sendout to NVSL for SARS-CoV-2 confirmatory testing

The additional test(s) requested should be charged to the client
Notification of request sent by email to sections: md

Francis, Marla

Aug 13, 2020 10:12:00 AM
From: Francis, Marla ¡marla.francis@wsu.edu¿
Sent: Thursday, August 13, 2020 10:06 AM
To: NVSL.DVL.Heads@usda.gov; Torchetti, Mia Kim - APHIS ¡mia.kim.torchetti@usda.gov¿; CVM WADDL Molecular Diagnostics ¡O365.CVM.WADDL.Molecular.Diagnostics@wsu.edu¿; CVM WADDL Transcriptionists ¡O365.CVM.WADDL.Transcriptionists@wsu.edu¿
Subject: WADDL SARS-CoV-2 samples from UT, shipping 8-13-20

Hi All,

I have attached the VS form 10-4, and WADDL paperwork for 5 presumptive positive SARS-CoV-2 mink samples from Utah (10 samples total from 5 animals). Samples will ship today, 8/13/20, for overnight first delivery. FedEx tracking number 771253311062.

†: this comment has not been verified by the author
††: form counts are only available if the specimen was logged into vadds when the case was created
†††: counts of specimens in box are only if the specimens are counted during login

Case Tracking Log for 2020-10460 (d)

Note: comments on this log are accurate to the time at which this page was printed; any additional comments are not included. The most current case tracking comments are available online at
`https://w3.vetmed.wsu.edu/waddl/wadds/commentlog/index.php?caseno=2020-10460`

2020-10460 08/11/20
Ref Vet: Baldwin, Tom
Owner: [redacted]
Breed: Mink
Routing: md

Thanks,
MF

Francis, Marla

Aug 13, 2020 05:08:00 PM
Should this be billed to the WADDL SARS-covid budget, rather than Utah state?
Vautour, Joseph

Aug 17, 2020 09:20:00 AM
Dr. Baldwin informed me that samples from the 5 mink submitted for SARS-CoV-2 testing at WADDL were from 2 different farms as indicated below:

1. Animals 1 and 2 were Black coated mink from [redacted]

2. Animals 3, 4, and 5 were Palamino coated mink from [redacted]

Tim

Baszler, Tim

Aug 17, 2020 10:06:00 AM
Special billing program changed:

Let Kathleen know when this is invoiced.
Hagen, Kathleen G.

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†: this comment has not been verified by the author
††: form counts are only available if the specimen was logged into vadds when the case was created
†††: counts of specimens in box are only if the specimens are counted during login

ACCESSION FORM FOR GENERAL DIAGNOSTICS

Washington Animal Disease Diagnostic Laboratory

College of Veterinary Medicine, Washington State University
Web Site: http://waddl.vetmed.wsu.edu

US Postal Service mailing address:
PO Box 647034
Pullman, WA. 99164-7034

UPS, FedEx or Courier shipping address:
Bustad Hall, Rm.155-N
Pullman, WA. 99164-7034

Phone: (509) 335-9696
FAX: (509) 335 7424
E-Mail: waddl@vetmed.wsu.edu

2020 – 10460
Ref Vet: Baldwin, Tom
Owner: 33
Breed: Mink
Routed: md

08/11/20
form: 1 page

Please type or use black ink and print clearly.

Veterinarian or Case Coordinator: Last Name:	Baldwin	First Name:	Tom
Clinic:	Utah Vet Diag. Lab.		
Street address:	950 E. 1400 N.	Mailing Address or PO Box:	P.O. Box 6338
City:	Logan	State: UT	Zip: 84341
Phone:	(435) 797-1895	Fax: (435) 797 2805	E-mail: tom.baldwin@usu.edu
Owner: Last Name first:	33	Guardian Name: (if owner is under 18)	
Farm Name:	33	First Time Submitter?	☐ Yes ☒ No
Street address:	33	Mailing Address or PO Box:	
City:	33	State: 33	Zip: 33
Phone:	Fax:	E-mail:	

Billing: ☐ Owner ☒ Clinic ☐ 3rd Party (preapproval required) Please note: WADDL policy is to bill the clinic if provided, unless prepaid.

Reporting Preference: ☐ Mail ☒ Fax ☐ Web access - register on web site at http://waddl.vetmed.wsu.edu

Please fill out completely as possible:

Specimen(s) Submitted: *(Please use WADDL Animal ID Sheet for multiple animals.)*
Nasopharyngeal swabs (5)
Lung lobes (5)

Date Collected: 8-10-20
Date Shipped: 8-10-20

Tests Requested:
☐ Necropsy/Histopathology ☑ Virology ☐ Bacteriology ☐ IHC ☐ Other:
☐ Surgical Biopsy Histopathology ☐ Serology ☐ Mycoplasma Culture ☐ PCR
☐ Field Necropsy Histopathology ☐ Fungal Culture ☐ Parasitology ☐ Toxicology

Note: WADDL reserves the right to modify the tests requested for more efficient case work-up and / or to send specimens to outside laboratories to perform testing not done at WADDL. Samples are discarded 30 days after receipt.

Animal ID (name/tag#)	Species	Breed	Age	Sex	Animal Weight
Nos. 1-5	Mink		Adult		

Location of Lesion	No. in group	No. Dead	No. Sick	No. on Premises	Duration of Problem
Lung	Lots	Lots	Lots		Acute

* Was animal euthanized? If so, what method?

Additional History: *Vaccinations, signs, stress factors, treatments, post mortem findings, pertinent feed or feed additives, clinical lab results, previous WADDL Case Numbers. (Attach additional sheets as necessary.)*

Tim or Kevin. - Please check for SARS-CoV-2.
Thanks, Tom Baldwin

WADDL is an official brucellosis testing laboratory. All serology for brucellosis, including abortion screens, requires identification of animals, date of sample collection, and signature of an accredited veterinarian attesting to the following statement:
"I certify that the specimens submitted with this form were collected by me from the animal(s) described on the date indicated."

Veterinarian's, Clinician's or Owner's Signature:	Tom Baldwin	Condition(s) Suspected:	SARS-CoV-2

FORM-QA-8A/2

Washington Animal Disease Diagnostic Lab

P.O. Box 647034
Pullman, WA 99164-7034
Telephone : (509) 335-9696
Fax : (509) 335-7424

Dr. Tom Baldwin
Utah Vet Diag Lab
950 E 1400 North

North Logan, UT 84341

Case#: 2020-10460
Report Date: 08/17/20

Submittal Date: 08/11/20 | Species: Mink | Age: Adult
Owner: [redacted] | Sex:

Final Report:

Molecular Diagnostics- Reported on 08/17/20 Authorized by Daniel Bradway, Lab Manager

Molecular Diag send out : .2016.11.10

Animal	Specimen	Result
20-L6112 1/[redacted]	Nasopharyngeal swab	Reported separately

Molecular Diag send out test comment: A partial report from NAHLN is attached.

Previously reported results:

Molecular Diagnostics- Last reported on 08/12/20 Authorized by Daniel Bradway, Lab Manager

SARS-COV-2 by PCR : SOP-MD-104

Animal	Specimen	Result
20-L6112 1/[redacted]	Nasopharyngeal swab	25
20-L6112 2/[redacted]	Nasopharyngeal swab	
20-L6112 3/[redacted]	Nasopharyngeal swab	
20-L6112 4/[redacted]	Nasopharyngeal swab	
20-L6112 5/[redacted]	Nasopharyngeal swab	
20-L6112 1/[redacted]	Lung	
20-L6112 2/[redacted]	Lung	
20-L6112 3/[redacted]	Lung	
20-L6112 4/[redacted]	Lung	
20-L6112 5/[redacted]	Lung	

This report contains information that is confidential and is intended for the use of the individual or entity named on page 1. If you have received this report in error, please notify WADDL immediately.

SARS-COV-2 by PCR test comment: This assay is based on a published, peer-reviewed method used for the diagnosis of SARS-CoV-2 virus in humans and recommended by the World Health Organization (WHO) and World Organization for Animal Health (OIE). Any animals positive for SARS-CoV-2, will report to the State Animal Health Official from the state where the animal resides since any SARS-CoV-2 identified in animals is reportable to the World Organization for Animal Health (OIE).

This report contains information that is confidential and is intended for the use of the individual or entity named on page 1. If you have received this report in error, please notify WADDL immediately.

National Veterinary Services Laboratories
PO Box 844
Ames, Iowa 50010
Phone: 515-337-7514 **Fax**: 515-337-7938
FEDERAL RELAY SERVICE (Voice/TTY/ASCII/Spanish) 1-800-877-8339
The USDA is an equal opportunity provider and employer.

PARTIAL REPORT

Laboratory Test Report

Sensitive But Unclassified/Sensitive Security Information - Disseminate on a Need-To-Know Basis Only

Owner

[redacted]

Animal Location
Utah County UT

Submitter - 3864
WA State University
College of Veterinary Medicine
PO Box 647034
Pullman, WA 99164
FAX #: 509-335-7424
Phone #: 509-335-9696

Accession Number: **20-022930**

Date Collected: 08/10/2020
Date Received: 08/14/2020
Date Completed:
Collected By: Dr. Tom Baldwin
Purpose: General Diagnostic
Referral Number:
Country Origin/Destination:

This is not a billable case.

NOTE: Condition of the sample(s) was adequate unless otherwise noted.

Sample: 20-L6112 1 **Specimen Type:** Swab, Nasal **Animal ID:** 20-10460.1 NP swab (Ct 29.23) **Species:** Mink

2019 nCoV_N1 PCR	[redacted]
2019 nCoV_N2 PCR	[redacted]

Sample: 20-L6112 2 **Specimen Type:** Swab, Nasal **Animal ID:** 20-10460.2 NP swab (Ct 26.89) **Species:** Mink

2019 nCoV_N1 PCR	[redacted]
2019 nCoV_N2 PCR	[redacted]

Sample: 20-L6112 3 **Specimen Type:** Swab, Nasal **Animal ID:** 20-10460.3 NP swab (Ct 27.05) **Species:** Mink

2019 nCoV_N1 PCR	[redacted]
2019 nCoV_N2 PCR	[redacted]

Sample: 20-L6112 4 **Specimen Type:** Swab, Nasal **Animal ID:** 20-10460.4 NP swab (Ct 26.64) **Species:** Mink

2019 nCoV_N1 PCR	[redacted]
2019 nCoV_N2 PCR	[redacted]

Sample: 20-L6112 5 **Specimen Type:** Swab, Nasal **Animal ID:** 20-10460.5 NP swab (Ct 25.98) **Species:** Mink

2019 nCoV_N1 PCR	[redacted]
2019 nCoV_N2 PCR	[redacted]

Date Generated: 8/17/2020

Sample: 20-L61121 **Specimen Type:** Lung **Animal ID:** 20-10460.6 Lung (Ct 26.8) **Species:** Mink

2019 nCoV_N1 PCR	25
2019 nCoV_N2 PCR	25

Sample: 20-L61122 **Specimen Type:** Lung **Animal ID:** 20-10460.7 Lung (Ct 31.4) **Species:** Mink

2019 nCoV_N1 PCR	25
2019 nCoV_N2 PCR	25

Sample: 20-L61123 **Specimen Type:** Lung **Animal ID:** 20-10460.8 Lung (Ct 31.1) **Species:** Mink

2019 nCoV_N1 PCR	25
2019 nCoV_N2 PCR	25

Sample: 20-L61124 **Specimen Type:** Lung **Animal ID:** 20-10460.9 Lung (Ct 26.1) **Species:** Mink

2019 nCoV_N1 PCR	25
2019 nCoV_N2 PCR	25

Sample: 20-L61125 **Specimen Type:** Lung **Animal ID:** 20-10460.10 Lung (Ct 30.8) **Species:** Mink

2019 nCoV_N1 PCR	25
2019 nCoV_N2 PCR	25

Summary: The samples were tested by a real-time RT PCR for severe acute respiratory syndrome coronavirus 2 (SARS -CoV-2) using 2019 nCoV_N1 and 2019 nCoV_N2 markers per CDC (a positive result is defined as detection of both markers); results in table above. Partial sequence was obtained for the spike, nucleocapsid, and RdRp gene(s) with > 99% identity to available SARS-CoV-2.

NOTE: Samples are from two locations; 1-2 are from one location; samples 3-5 are from another.

This is a Partial report. Some tests that were requested have not been completed . A Final report will be sent when all testing has been completed.

Results authorized by: Dr. Rachel M. Tell, Head, Bovine, Porcine, and Aquaculture Section, Diagnostic Virology Laboratory (515) 337-7551

Help Us Help You

(This new section will be updated periodically with tips for submitters.)

Try the new NCAH Portal for VS Form 10-4 submissions to NVSL! For more information, please click or visit: https://www.aphis.usda.gov/aphis/ourfocus/animalhealth/lab-info-services/portal



After printing this label:
1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.
Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com.FedEx will not be responsible for any claim in excess of $100 per package, whether the result of loss, damage, delay, non-delivery,misdelivery,or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim.Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental,consequential, or special is limited to the greater of $100 or the authorized declared value. Recovery cannot exceed actual documented loss.Maximum for items of extraordinary value is $1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our ServiceGuide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0090, 0101, and 0212. The time required to complete this information collection is estimated to average .5 hours per response for 0579-0090, 1 hour per response for 0579-0101, and .333 hours per response for 0579-0212, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB Approved
0579-0090, 0579-0101,
and 0579-0212

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
NATIONAL VETERINARY SERVICES LABORATORIES
P.O. BOX 844, 1920 DAYTON AVENUE, AMES, IA 50010
(515) 337-7514

SPECIMEN SUBMISSION

INSTRUCTIONS: Use a separate form for each species and each owner/broker. See "Instructions for Completing VS Form 10-4" for definitions.

1. SUBMITTER NAME (*including Business Name*)	2. NVSL SUBMITTER ID	3. NAME OF OWNER ☐ Check if wildlife (*no owner*)
Marla Francis from WADDL	4603	33

EMAIL ADDRESS	OWNER CITY	STATE/COUNTRY
marla.francis@wsu.edu	33	33

PHONE NO. 5093359696 FAX NO. 5093357424

MAILING ADDRESS (*Street, City, State, ZIP Code*)
POB 647034 Pullman WA 99164-7034

4. LOCATION OF ANIMALS

PREMISES ID

COUNTY	STATE/COUNTRY
	UT/USA

5. PAYMENT METHOD

☐ USER FEE ACCOUNT NO. ☐ CHECK/MONEY ORDER (*Enclosed, payable to USDA in US dollars*) ☐ CREDIT CARD Number: Exp. Date:

6. HERD/FLOCK SIZE	9. EXAMINATIONS REQUESTED	10. COLLECTED BY
	SARS-CoV-2 confirmatory testing	Dr. Tom Baldwin
7. NO. IN HERD/FLOCK AFFECTED		11. DATE COLLECTED 08/10/2020
8. NO. IN HERD/FLOCK DEAD		12. AUTHORIZED BY

13. PURPOSE OF SUBMISSION (*See instructions for definitions*)
☐ Interstate Movement ☐ Import ☐ TB ☐ Reagent Evaluation
☐ Export ☐ FAD/EP Diagnostic ☒ General Diagnostic ☐ NVSL Intralab
☐ Pre-Import ☐ Surveillance ☐ Developmental Research

14. COUNTRY OF ORIGIN/DESTINATION: USA

15. REFERRAL NUMBER

16. PRESERVATION
☐ None ☒ Ice Pack ☐ Dry Ice ☐ Formalin ☐ Borax ☐ Alcohol ☐ Other (*Specify*)

17. SPECIMENS SUBMITTED (*"X" applicable item(s)*)
☐ Blood ☐ Feces ☐ Parasite ☐ Serum ☒ Tissue (*specify*) ☐ Whole Animal ☐ Other (*specify*)
☐ Culture ☐ Feed ☐ Plant ☐ Soil ☐ Urine ☐ Fetus
☐ Extract ☐ Milk ☐ Semen ☒ Swab (*specify*) ☐ Water ☐ DNA/RNA Nasopharyngeal, lung

18. TOTAL NUMBER OF SPECIMENS SUBMITTED: 10

19. SPECIES OR SOURCE (*"X" ONLY one*)
☐ Cattle ☐ Goat ☐ Chicken ☐ Bison ☐ Fish ☒ Other (*specify*)
☐ Swine ☐ Horse ☐ Turkey ☐ Deer (*specify*) ☐ Environment Mink
☐ Sheep ☐ Donkey ☐ Other bird (*specify*) ☐ Elk ☐ Reagent

20. NUMBER OF ANIMALS SAMPLED: 5

21. IDENTIFICATION (*See instructions* <250 samples per form)

Sample ID	Animal ID	Breed	Age	Sex	IDENTIFICATION Sample ID	Animal ID	Breed	Age	Sex
20-L6112 1	20-10460.1 NP swab (Ct 29.23)	Mink			20-L61121	20-10460.6 Lung (Ct 26.8)	Mink		
20-L6112 2	20-10460.2 NP swab (Ct 26.89)	Mink			20-L61122	20-10460.7 Lung (Ct 31.4)	Mink		
20-L6112 3	20-10460.3 NP swab (Ct 27.05)	Mink			20-L61123	20-10460.8 Lung (Ct 31.1)	Mink		
20-L6112 4	20-10460.4 NP swab (Ct 26.64)	Mink			20-L61124	20-10460.9 Lung (Ct 26.1)	Mink		
20-L6112 5	20-10460.5 NP swab (Ct 25.98)	Mink			20-L61125	20-10460.10 Lung(Ct 30.8	Mink		

22. ADDITIONAL DATA (*History, clinical signs, post mortem findings, remarks, tentative diagnosis, special instructions. Use additional sheets if necessary*).

See attached: WADDL case and data sheets.

23. SIGNATURE OF SUBMITTER AND DATE
x Marla Francis 8-13-20

NVSL USE ONLY

CONDITION	PRIORITY	DISTRIBUTION	RECEIVED BY

NVSL USE ONLY

VS FORM 10-4 INSTRUCTIONS

ALL information must be printed legibly or typed. Use a separate form for each species and owner. At the minimum, complete all fields designated in these instructions as required. Contact the Receiving Department of the laboratory to which you are sending specimens with specific documentation or shipping questions.

If including more than one page, include the page number of total pages submitted (*e.g., 1 of 3*).

1. SUBMITTER CONTACT INFORMATION **"REQUIRED"**
Enter the submitter's business name/affiliation; the name of the individual submitter is optional if test results are returned to a general business fax, email, or mailing address. Enter a fax number or email address to which we can return test results. Multiple email addresses are permissible. Specify if there is a preferred method of report delivery; email will be used if no preference is stated. Provide a complete mailing address. If fax or email is not available, test reports can be mailed, but this will delay delivery of your results. Repeat submitters are encouraged to be consistent with the submitter contact information that they provide, as the NVSL keeps a master record. If the test report for an individual submission needs to be routed to a non-standard destination, include special instructions in Block 22, Additional Data.

2. NVSL SUBMITTER ID
For more efficient service, repeat submitters are encouraged to include their NVSL Submitter ID. If you do not know your ID, contact the NVSL at (515) 337-7514.

3. OWNER INFORMATION **"REQUIRED"**
Enter the complete name of the animal owner, the city and the two-letter abbreviation of the State in which the owner resides. Ensure the animal owner is identified here and not the property manager or veterinarian. For wildlife, check the box to indicate there is no owner.

4. LOCATION OF THE ANIMALS **"REQUIRED"**
Include National Animal Identification System (NAIS) premises ID if available. Also, specify the county, parish or other designated location of the animals and the two-letter State abbreviation.

5. PAYMENT METHOD **"REQUIRED FOR BILLABLE CASES"**
Check the appropriate payment method. If payment is by user account or credit card, enter the account number. Enter the expiration month and year when using a credit card. Refer to the User Fees/Payment Options and the Catalog of Services/Fees, both located at www.aphis.usda.gov/wps/portal/aphis/ourfocus/animalhealth%2Fsa_lab_information_services%2Fsa_diagnostic_tests%2Fct_diagnostic_tests, for specific test fees and a list of accepted credit cards.
DO NOT SEND CASH.

6. HERD/FLOCK SIZE
Enter the total number of animals in the herd/flock.

7. NO. IN HERD/FLOCK AFFECTED
Enter the total number of animals in direct contact with suspect animal or showing clinical signs.

8. NO. IN HERD/FLOCK DEAD
Enter the total number of animals from this herd/flock that are dead.

9. EXAMINATIONS REQUESTED **"REQUIRED"**
For disease programs, it is necessary only to enter the program name (*e.g., CWD, Scrapie, or BSE*). If the test is not for a disease program, specify the disease and the desired test.

10. COLLECTED BY
Enter the complete name of the person collecting the specimen(s).

11. DATE COLLECTED
Enter the date on which specimens were collected. Use the format DD/MM/YYYY.

12. AUTHORIZED BY
Enter the name of the person authorizing the submission of this sample. Normally, this is the District Coordinator (DC) in your State. Authorization is assumed for regulatory veterinarians making routine program specimen submissions. See www.aphis.usda.gov/wps/portal/aphis/ourfocus/animalhealth%2Fsa_map%2Fct_state_contacts_map to locate the DC in your local area.

If an exotic (*foreign*) disease is suspected, contact the DC and the Emergency Programs staff to obtain authorization to submit samples for FAD testing and an investigation control number that must be included with the submission. DO NOT ship any such specimens until approval is received and a control number is assigned. The receipt of an unauthorized shipment of specimens containing exotic disease agents can cause substantial disruption of work at the laboratory and result in possible fines for the submitter.

13. PURPOSE OF SUBMISSION **"REQUIRED"**
Definitions of Diagnostic Case Categories are as follows:

Interstate Movement – Tests conducted for the purpose of qualifying live animals or poultry for interstate movement.
Export – Tests conducted for the purpose of qualifying animals or poultry, including wild animals and birds, or animal or poultry products for export from the U.S. to a foreign country.
Pre-Import – Tests conducted for the purpose of qualifying animals or poultry, including wild animals and birds, or animal or poultry products for import into the U.S. Select this purpose when the animals or products have not yet been moved into the U.S.
Import – Tests conducted for the same purpose as pre-import except that the animals or products are currently located at a U.S. import center.
FAD/EP Diagnostic – Tests conducted for the purpose of diagnosing or confirming a foreign disease, or for the eradication of a foreign disease that has gained entrance into the U.S. If a foreign animal disease is suspected, follow instructions in Block 12 for authorization to submit a FAD specimen.
Surveillance – Tests conducted for monitoring for a specific disease, for a specific insect or insect vector, or for analyzing specific products that are used in treating animals or poultry or for decontamination of animal poultry facilities.
TB – Tests conducted for diagnosing Tuberculosis.
General Diagnostic Case – Tests conducted for the purpose of diagnosing or confirming a domestic disease, and/or the analysis of environmental products that may be contributing to an existing disease condition. Use this purpose when the purposes listed above do not apply.
Developmental/Research – Tests conducted for the purpose of supporting a developmental or research project conducted by staff or field personnel of VS or by other laboratories, institutions, or agencies.
Reagent Evaluation – Tests conducted for the purpose of evaluating a reagent produced by other laboratories, institutions, or agencies.
NVSL Intralab – Tests conducted for another laboratory of the NVSL.

14. COUNTRY OF ORIGIN/DESTINATION
For import or pre-import cases, enter the country in which the animals last resided. For export cases, enter the country to which the animals will be shipped.

15. REFERRAL NUMBER
This number is typically assigned by the submitter and is used for the submitter's own reference. In FAD cases, enter the investigation control number described in the instructions for Block 12.

16. PRESERVATION
Check all blocks that apply.

17. SPECIMENS SUBMITTED **"REQUIRED"**
Check all blocks that apply.

18. TOTAL NUMBER OF SPECIMENS SUBMITTED
Enter the total number of specimens submitted. Specimens in one container are counted as one sample. Please limit to <250 samples per submission.

19. SPECIES OR SOURCE **"REQUIRED"**
Check only one block. If specimens are from different species or sources, use a separate VS Form 10-4 for each source. Reminder: Enter the animal BREED in Block 21.

20. NUMBER OF ANIMALS SAMPLED
Enter the total number of animals sampled.

21. IDENTIFICATION **"REQUIRED"**
Sample ID – Identify samples with consecutive numbers. **Ensure the sample identification number on this form matches the sample identification number placed on the specimen container.**
Animal ID – Record the animal's national identification tag number adjacent to the appropriate sample number. If there is no national animal ID, record the most appropriate identification number (*or name*). NOTE: Laboratory results will be reported by animal identification number.
Breed – Enter the animal breed (*e.g., Holstein, Angus*).
Age – Indicate the approximate age in years (*y*), months (*m*), weeks (*w*), or days (*d*).
Sex – Indicate the sex, male (*M*), or female (*F*), for each animal.

22. ADDITIONAL DATA
Enter all pertinent information about the animals and premises that can assist the lab in making a diagnosis.

- Provide detail on tissue specimens you are including (*e.g., lymph nodes, obex, brain*)
- Specify clinical signs (*e.g., weight loss, hair missing*)
- If meat is being retained pending specimen results, enter **RETAINED**
- Add related case submission numbers to assist in trace activities
- Include any information that did not fit into its designated space elsewhere on the form
- Include any special (*non-standard*) instructions for test report delivery

23. SIGNATURE OF SUBMITTER AND DATE
The individual submitting the specimen(s) must sign and date the form.

ACCESSION FORM FOR GENERAL DIAGNOSTICS

Washington Animal Disease Diagnostic Laboratory

College of Veterinary Medicine, Washington State University
Web Site: http://waddl.vetmed.wsu.edu

US Postal Service mailing address:
PO Box 647034
Pullman, WA. 99164-7034

UPS, FedEx or Courier shipping address:
Bustad Hall, Rm.155-N
Pullman, WA. 99164-7034

Phone: (509) 335-9696
FAX: (509) 335 7424
E-Mail: waddl@vetmed.wsu.edu

2020 – 10460
Ref Vet: Baldwin, Tom
Owner: 33
Breed: Mink
Routed: md
08/11/20
form: 1 page

Please type or use black ink and print clearly.

Veterinarian or Case Coordinator: Last Name:	Baldwin
First Name:	Tom
Clinic:	Utah Vet Diag. Lab.
Street address:	950 E. 1400 N.
Mailing Address or PO Box:	P.O. Box 6358
City:	Logan
State:	UT
Zip:	84341
Phone:	(435) 797-1895
Fax:	(435) 797-3805
E-mail:	tom.baldwin@usu.edu
Owner: Last Name first:	33
Guardian Name: (If owner is under 18)	
Farm Name:	33
First Time Submitter?	☐ Yes ☒ No
Street address:	33
Mailing Address or PO Box:	
City:	33
State:	33
Zip:	33
Phone:	
Fax:	
E-mail:	

Billing: ☐ Owner ☒ Clinic ☐ 3rd Party (preapproval required) Please note: WADDL policy is to bill the clinic if provided, unless prepaid.

Reporting Preference: ☐ Mail ☒ Fax ☐ Web access - register on web site at http://waddl.vetmed.wsu.edu

Please fill out completely as possible:

Specimen(s) Submitted: *(Please use WADDL Animal ID Sheet for multiple animals.)*
Nasopharyngeal Swabs (5)
Lung lobes (5)

Date Collected: 8-10-20
Date Shipped: 8-10-20

Tests Requested:
☐ Necropsy/Histopathology ☑ Virology ☐ Bacteriology ☐ IHC ☐ Other:
☐ Surgical Biopsy Histopathology ☐ Serology ☐ Mycoplasma Culture ☐ PCR
☐ Field Necropsy Histopathology ☐ Fungal Culture ☐ Parasitology ☐ Toxicology

Note: WADDL reserves the right to modify the tests requested for more efficient case work-up and / or to send specimens to outside laboratories to perform testing not done at WADDL. Samples are discarded 30 days after receipt.

Animal ID (name/tag#)	Species	Breed	Age	Sex	Animal Weight
Nos. 1-5	Mink		Adult		

Location of Lesion	No. in group	No. Dead	No. Sick	No. on Premises	Duration of Problem
Lung	Lots	lots	Lots		Acute

* Was animal euthanized? If so, what method?

Additional History: *Vaccinations, signs, stress factors, treatments, post mortem findings, pertinent feed or feed additives, clinical lab results, previous WADDL Case Numbers. (Attach additional sheets as necessary.)*

Tim or Kevin. - Please check for SARS-CoV-2.
Thanks, Tom Baldwin

WADDL is an official brucellosis testing laboratory. All serology for brucellosis, including abortion screens, requires identification of animals, date of sample collection, and signature of an accredited veterinarian attesting to the following statement:
"I certify that the specimens submitted with this form were collected by me from the animal(s) described on the date indicated."

Veterinarian's, Clinician's or Owner's Signature: Tom Baldwin

Condition(s) Suspected: SARS-CoV-2

FORM-QA-8A/2

Washington Animal Disease Diagnostic Lab — **Case Tracking HALF SHEET**

Quantity/Description/Routing of Samples

5 - Nasal swabs

5 - lung

ice packs defrosted

2020 – 10460

Ref Vet: Baldwin, Tom

Owner:

Breed: Mink 33 [redacted]

Routed: md

08/11/20

notes: 1 page

Sample Condition:	☐ Room Temp.	☒ On ice	☐ Frozen	☐ Fixed	Contents match forms:	Opened by:
Samples Received Via:	☐ US Mail	☒ FedEx	☐ Drop off		☒ Yes ☐ No	
	☐ UPS	☐ FedEx-R	☐ Other:		Explain below:	

Comments for Case Tracking:

SARS - COVID potential

Sample Label ✓

FORM-SR-6/1