

Elephant Serum Bank Submission Form

Institution/owner: _____
Submitter: _____
Address: _____
Tel: _____ Fax: _____ Email: _____

Animal Information

Asian African ISIS# _____ Studbook # _____
Name _____ Age: _____ actual estimate
Sex: male female

SAMPLE COLLECTION INFORMATION

Date of sample collection: _____ Time of collection: _____
Site of sample collection: ear vein leg vein other: _____
Health status of animal: normal abnormal
Fasted: no yes – how long _____
Weight _____ actual estimated
Type of restraint: manual anesthetized/sedated behavioral control
Temperament of animal: calm active excited

Type of blood collection tube:

no anticoagulant (red-top)
 EDTA (purple)
 heparin (green)
 other: _____

Sample handling: separation of plasma/serum by centrifugation
(check all that apply) stored as whole blood
 frozen plasma/serum
 other – describe _____

TB EXPOSURE STATUS

Known infected animal
 Known exposure to culture positive source within the past 12 months
 Known exposure to a culture positive source within the past 1-5 years
 No know exposure to a culture positive source in the last 5 years

TREATMENT INFORMATION

Is elephant currently receiving any medication or under treatment? yes no
If yes, please list drugs and doses: _____

Time between blood collection and last treatment: _____
Ship samples overnight frozen with shipping box marked "PLACE IN FREEZER UPON ARRIVAL"
Send completed form with samples to:

Dr. Michele Miller
Palm Beach Zoo, 1301 Summit Blvd, West Palm Beach, FL 33405
W: (561) 833-7130 ext 224; Cell: (561) 727-9630; Fax: (561) 833-7135; email: mmiller@palmbeachzoo.org