



TSE Surveillance Submission Form

E-mail TSESurveillance@mpi.govt.nz
Postal address TSE Surveillance Manager,
Ministry for Primary Industries,
PO Box 2526, Wellington 6011

For laboratory use**Sample Identifier i.e regional lab Accession ID (one for each animal)**
.....Brain removed for submission ? Spinal cord submitted? **Veterinarian's details**

Veterinarian's name
Practice name
E-mail address
Phone number (.....).....

Owner's details

Owner's name
Trading name (if different)
Agribase farm ID
NAIT number
Supplier number (for dairy)
Physical address
Post code
Postal address (if different)
Post code
E-mail address

Animal details

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

Tag number

Breed

Age (years) **!! Cattle < 30 months or > 9 years of age are not eligible !!****Cattle** **Other species** Production type **Clinical details**Species and presenting sign
(please mark the appropriate box)

Bovine	Ovine	Caprine	Cervine
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Progressive non-responsive nervous disease

Non-responsive metabolic disorder

Dairy cattle culled for behavioural reasons

Abnormal gait or stance without obvious injury

'Downer' cattle without obvious injury, not falling
into any of the above category

Progressive non-responsive cases of ill-thrift

(Per)acute pneumonia or aspiration pneumonia

Clinical history: demonstrate the progressive nature of presenting signs (**must be completed** with 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.....