

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
Disney's Animal Kingdom-Dept. of Vet. Services
1200 N. Savannah Circle East
Bay Lake, FL 32830
(407) 939-7316; email: Michele.Miller@disney.com

Consent Form for Use of Serum by Elephant SSP

I give consent for the serum submitted to the Elephant Species Survival Plan (SSP) serum bank to be used for research on any elephant related issues based on recommendations by the veterinary advisor and/or steering committee.

The results could be reviewed and used by the SSP veterinary advisor in providing health-related recommendations and publications.

I understand that all results and recommendations regarding the individual elephant will be kept confidential.

_____ Yes, I agree to allow the SSP to use our sample for designated research and testing results.

_____ No, I do not consent to the use of our sample and test results unless specified.

Signature, title

Date

Printed name

Phone number

Institution

Email address

Address

Comments: _____