

Elephant Serum Bank Submission Form
American Zoo and Aquarium Association
Elephant Species Survival Plan

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
1300 N. Savannah Circle West
Bay Lake, FL 32830
(407) 939-7316; email: Michele.Miller@disney.com