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