

**SPECIMEN ADVICE SHEET – EHRlichia CANIS SUPPLEMENT**

You may choose to complete the [Specimen Advice Sheet](#) with the information provided below, **OR** provide this sheet as an attachment to the [Specimen Advice Sheet](#).

The Department of Agriculture and Fisheries is collecting the information on this form to provide government with information to perform diagnostic testing for animal disease management and control. This information will only be accessed by authorised employees within the department. Some information may be given to [external laboratories](#) (as listed in the link) for the purpose of further diagnostic testing if required while some information may be provided to other [state and federal animal health authorities](#) (as listed in the link) for the purpose of animal disease management, control and reporting. Your information will not be disclosed to any other parties unless authorised or required by law.

**Veterinarian details**
**Name:**
**Clinic:**
**Dog owner details**
**Name:**
**Dog details**
**Name:**
**Corresponding Sample ID**
**Dog type:**                     Companion dog     Community dog     Wild dog     Other

**Travel history**
**Western Australia:**                     Yes     No     Unsure

If yes, please specify locations:

**Northern Territory:**                     Yes     No     Unsure

If yes, please specify locations:

**Other travel information:**
**Tick infestation**
**Degree of infestation**     0     1-5 ticks     6-19 ticks     20+ ticks

**Suspected tick species:**     Brown dog tick     Bush tick     \_\_\_\_\_     **Samples submitted**
**Tick preventative used:**
**Clinical signs**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Pyrexia              | <input type="checkbox"/> Anorexia                   | <input type="checkbox"/> Nasal discharge  |
| <input type="checkbox"/> Lethargy             | <input type="checkbox"/> Weight loss                | <input type="checkbox"/> Ocular discharge |
| <input type="checkbox"/> Lymphadenopathy      | <input type="checkbox"/> Weakness                   | <input type="checkbox"/> Dyspnoea         |
| <input type="checkbox"/> Ocular abnormalities | <input type="checkbox"/> Neurological abnormalities | <input type="checkbox"/>                  |

**Cardiovascular**

- |  |                                     |                              |
|--|-------------------------------------|------------------------------|
| <input type="checkbox"/> Anaemia   | <input type="checkbox"/> Epistaxis  | <input type="checkbox"/> DIC |
| <input type="checkbox"/> Haemorrhage   | <input type="checkbox"/> Petechia   | <input type="checkbox"/>     |
| <input type="checkbox"/> Pale mucous membranes                                     | <input type="checkbox"/> Ecchymoses | <input type="checkbox"/>     |
| <input type="checkbox"/> Non-regenerative anaemia                                  |                                     |                              |
| <input type="checkbox"/> Thrombocytopaenia: mild/ moderate/ severe (please circle) |                                     |                              |

**Other**

- |                                       |                                       |   |
|---------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Splenomegaly | <input type="checkbox"/> Pancytopenia | <input type="checkbox"/> <b>In-house lab results attached</b> |
| <input type="checkbox"/> Hepatomegaly |                                       | <input type="checkbox"/> <b>External lab results attached</b> |

**Please specify other clinical signs not described above:**
**Additional comments**

E.g.: Suspicion of tick borne related illness? Blood transfusion?