

**SPECIMEN ADVICE SHEET – JAPANESE ENCEPHALITIS 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:**
**Animal owner details**
**Name:**
**Animal details**
**Names/IDs:**
**Animal type:**       Horse     Pigs     Other (specify)

**Specimen collection**
**Specimen type:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> CSF               | <input type="checkbox"/> Blood (EDTA)                  | <input type="checkbox"/> Blood (clotted)                        |
| <input type="checkbox"/> Brain             | <input type="checkbox"/> Abdominal and thoracic fluid  | <input type="checkbox"/> Fresh semen (boars)                    |
| <input type="checkbox"/> Aborted foetus/es | <input type="checkbox"/> Tissues – fresh (post-mortem) | <input type="checkbox"/> Tissues – formalin-fixed (post-mortem) |

Tissues, please specify:

**Ever diagnosed for:**
**Flavivirus/Arbovirus**     West Nile (Kunjin virus)     Murray Valley encephalitis     Other

If yes, please specify:

**Horse:**     HeV exclusion    (If yes, add job number):

**Any activity:**    (Potential vector activity on farm or neighbouring properties)

- |                                   |  |                                |
|-----------------------------------|--|--------------------------------|
| <input type="checkbox"/> Mosquito | <input type="checkbox"/> Water birds         | <input type="checkbox"/> Other |
| <input type="checkbox"/> On Farm  | <input type="checkbox"/> Neighbouring Farm/s |                                |

**Clinical signs**
**Pigs**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Abortions                | <input type="checkbox"/> Stillbirths               | <input type="checkbox"/> Foetal mummification       |
| <input type="checkbox"/> Congenital malformations | <input type="checkbox"/> Encephalitis (< 6 months) | <input type="checkbox"/> Neurological abnormalities |
| <input type="checkbox"/> Recumbency/Padding       | <input type="checkbox"/> Weak piglets (at birth)   |   |

**Horses**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Ataxia         | <input type="checkbox"/> Facial paralysis | <input type="checkbox"/> Muscle tremors/fasciculations |
| <input type="checkbox"/> Hyperaesthesia | <input type="checkbox"/> Hypermetria      | <input type="checkbox"/> Paresis/paralysis/recumbency  |
| <input type="checkbox"/> Circling       | <input type="checkbox"/> Blindness        | <input type="checkbox"/> Altered mentation/depression  |

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

E.g.: Animal movement, floods, etc.

**Ref:**
**Authorisation: K. Agnihotri**
**Issue: 1**
**Date: 17/3/22**