Ovine Abortion Sampling Guidelines

A separate sample kit should be used for each sheep that aborts.

- Placenta Place a piece of placenta (as clean as possible) in the labelled universal provided. Please include a cotyledon and surrounding membrane in the sample
 Placenta is essential to make a diagnosis of EAE. An MZN stain is used to detect elementary bodies. Gram smears and cultures are also carried out as part of the basic package.
- 2. **Foetal fluid** using the pipette fill the **red top tube** labelled foetal fluid with as much fluid as possible. Either fluid from the thorax/pericardium/abdomen or unclotted blood is suitable.
 - Foetal fluid is tested for Toxoplasma antibodies as part of the basic package.
 - Foetal fluid can also be tested for Schmallenberg antibodies or border disease virus by PCR at an additional charge. A separate red top tube containing foetal fluid is required for the BD PCR.
- 3. **Foetal stomach contents (FSC)** using the **vacutainer needle** and **the red top tube** labelled FSC aspirate fluid from the stomach. This should be done so that the sample doesn't contain any contaminant bacteria from the environment. Any bacteria cultured in pure growth from the FSC are potentially significant cause of abortion. The basic package includes all routine cultures including *Salmonella*, *Campylobacter* and *Brucella* screens which take up to 1 week to complete.
- 4. SBV virus can be detected from brain tissue by PCR. This is not included in the basic package. Please get in touch in cases with arthrogryposis or other malformations suggestive of SBV infection and this test might be offered free of charge. A 1x1cm square of tissue ideally in virus transport media is required. This can be frozen until bacteriology results are available and tested retrospectively if required.
- 5. If there is insufficient foetal fluid for BD PCR, a 1x1cm square of spleen ideally in virus transport media can be submitted and tested by PCR for BD at an additional cost.
- 6. Please give as much history as possible to allow us to schedule the correct testing and interpret the results. Useful information includes the number of sheep affected, what stage of gestation and vaccine use.

Please remove sharps from the pack before posting

Ensure all containers are labelled and identified as e.g. Dam 1 twins A and B, Dam 2 single Ensure all containers are tightly sealed, with adequate absorptive material. Packs must comply with Packaging Instruction P650



SEND SAMPLES TO:

SRUC Veterinary Services

Pentland Science Park Bush Loan Penicuik, Midlothian EH26 oPZ

Email: vsenquiries@sruc.ac.uk www.sruc.ac.uk

| Date sampled: | | Vet P | ractice: | | | SRUC Ref: | |
|--|---|--------------|---------------|-------|-------------|------------------------|--|
| Client: | | | | | | Date: | |
| Farm: | | Clinic | ian: | | | Suites: | |
| Postcode: | | Croft | er | Y/N* | | | |
| - | | Mem | ber of | | | | |
| CPH: | /_/ | _ EAE H | lealth Scheme | Y/N* | | Duty Vet: | |
| Ovine Abortion - Please use a separate sample pack for each sheep that aborts | | | | | | | |
| Dam ID: | | | | | Age of dam: | | |
| Upland/Lowland* | Upland/Lowland* Breed of dam: Breed of sire: Breed of sire: | | | | | | |
| Date due to lamb: Group size: Flock size: | | | | | | | |
| No. of abortions:. | | Time period: | | | Homebred/P | urchased replacements* | |
| Vaccinations (plea | ase circle) | Toxoplasma | EAE | Other | | | |
| Housed/Outside* | Feeding: | | | | | | |
| Abortions in previ | ous years Y/N* | Diagnosis: | | | | | |
| Dam body conditi | on, clinical signs | ? | | | | | |
| Comments; Please note problems with infertility/re-absorptions/high barren rate: | | | | | | | |
| *Delete as applicable | | | | | | | |

Any gross pathology seen? E.g. arthrogryposis, placentitis,

Maternal serology

| Ewe ID | EAE Ab | Toxo Ab | BD Ab | BD PCR ** | SBV Ab |
|--------|--------|---------|-------|-----------|--------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**a separate red top tube is required for this test

Basic Abortion Package

| Sample | Test | Number of samples |
|----------|---------------|-------------------|
| Placenta | MZN | |
| FF | Toxo serology | |
| FSC | Bacteriology | |

Additional testing at extra cost

| Sample | Test | Number of samples |
|--------|--------------|-------------------|
| FF | SBV serology | |
| FF | BD PCR | |
| Brain | SBV PCR | |
| Spleen | BD PCR | |