|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Study ID**  (ex. A003) | **Owner Last Name** (write “N/A”, if shelter) | **Dog's Name** | **Gender** | **Date Illness Onset**  (mm/dd/yy) | **Lepto Rapid Test #1**  **(Date: m/dd/yy)** | **Lepto Rapid Test #2\***  **(Date: m/dd/yy)** | **Specimens Collected for Shipment**  Select all that apply.  **(Date: m/dd/yy)** |
| *Place ID label here* |  |  | ☐ M   ☐ F  ☐ MC  ☐ FS |  | **Date:** \_\_\_/\_\_\_/\_\_\_    ☐ Negative  ☐ Positive | **Date:** \_\_\_/\_\_\_/\_\_\_    ☐ Negative  ☐ Positive | **Date:** \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_  ☐ Blood ☐ Kidney Tissue  ☐ Serum ☐ Kidney Culture ☐ Urine (cysto)  ☐ Urine (free catch) |
| *Place ID label here* |  |  | ☐ M   ☐ F  ☐ MC  ☐ FS |  | **Date:** \_\_\_/\_\_\_/\_\_\_    ☐ Negative  ☐ Positive | **Date:** \_\_\_/\_\_\_/\_\_\_    ☐ Negative  ☐ Positive | **Date:** \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_  ☐ Blood ☐ Kidney Tissue  ☐ Serum ☐ Kidney Culture ☐ Urine (cysto)  ☐ Urine (free catch) |
| *Place ID label here* |  |  | ☐ M   ☐ F  ☐ MC  ☐ FS |  | **Date:** \_\_\_/\_\_\_/\_\_\_    ☐ Negative  ☐ Positive | **Date:** \_\_\_/\_\_\_/\_\_\_    ☐ Negative  ☐ Positive | **Date:** \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_  ☐ Blood ☐ Kidney Tissue  ☐ Serum ☐ Kidney Culture ☐ Urine (cysto)  ☐ Urine (free catch) |
| *Place ID label here* |  |  | ☐ M   ☐ F  ☐ MC  ☐ FS |  | **Date:** \_\_\_/\_\_\_/\_\_\_    ☐ Negative  ☐ Positive | **Date:** \_\_\_/\_\_\_/\_\_\_    ☐ Negative  ☐ Positive | **Date:** \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_  ☐ Blood ☐ Kidney Tissue  ☐ Serum ☐ Kidney Culture ☐ Urine (cysto)  ☐ Urine (free catch) |
| *Place ID label here* |  |  | ☐ M   ☐ F  ☐ MC  ☐ FS |  | **Date:** \_\_\_/\_\_\_/\_\_\_    ☐ Negative  ☐ Positive | **Date:** \_\_\_/\_\_\_/\_\_\_    ☐ Negative  ☐ Positive | **Date:** \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_  ☐ Blood ☐ Kidney Tissue  ☐ Serum ☐ Kidney Culture ☐ Urine (cysto)  ☐ Urine (free catch) |
| *Place ID label here* |  |  | ☐ M   ☐ F  ☐ MC  ☐ FS |  | **Date:** \_\_\_/\_\_\_/\_\_\_    ☐ Negative  ☐ Positive | **Date:** \_\_\_/\_\_\_/\_\_\_    ☐ Negative  ☐ Positive | **Date:** \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_  ☐ Blood ☐ Kidney Tissue  ☐ Serum ☐ Kidney Culture ☐ Urine (cysto)  ☐ Urine (free catch) |

\*Lepto Rapid Test #2: Perform test #2 if the first lepto rapid test was negative and blood was collected <7 days after symptom onset.

**Gender:** M = male MC = male, castrated

F = female FS = female, spayed

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