

Independent Testing Shows Wildlife Poisoned by 1080 (Sodium Monofluoroacetate)

Two non-profit environmental groups in New Zealand have today published independent test results indicating that 1080 poison was the likely cause of death at an environmental catastrophe in Westport, New Zealand. On November 9th, 2019, one week after a Department of Conservation (DoC) aerial 1080 poison operation 140 kms upstream, dead wildlife washed down the flooded Buller River. Hundreds of potentially toxic carcasses of rats, a goat, birds and numerous aquatic species were strewn across the public beach at Westport.

The full results of tests undertaken by an independent laboratory¹, using the latest methodology² and equipment, include samples taken from 5 rats, 1 weka, 2 shearwaters, 1 starfish and 6 mussels. The samples from 4 of the 5 rats tested positive for three chemical markers of 1080 poison, including the toxic chemical, fluorocitrate. This was also the case for both the shearwater birds. The starfish and weka also tested positive for fluorocitrate. There were no traces of 1080 detected in the mussels. The tests included stomach and intestines of samples extracted from carcasses collected from the beach and Buller River by volunteers. For the security and safety of the independent chemists involved, the identity of the laboratory has been withheld.

These findings contradict claims by DoC on Wednesday, which stated 1080 was not found in any of the wildlife tested. This raises serious questions about the methodology employed by the laboratories commissioned to undertake DoC's testing. It appears from their lab reports (published on DoC's website) that the samples were only tested for the presence of the active ingredient, fluoroacetate. But as Prof Shaw, toxicologist from the University of Canterbury pointed out, because of the delay in testing this would have already been broken down into other substances, for example, fluorocitrate. Scientifically valid toxicological testing requires the most up-to-date, and accurate methods to be used, and in the case of testing for 1080, that means analysis of the metabolic chemical markers of the poison from a variety of sources within the carcass. There are other serious discrepancies in DoC's claims and associated toxicology reports. The number of rats tested is inconsistent, and in the pathology report of the weka it was noted "both lungs exuding frothy pink fluid", a common symptom in animals that have been victims of 1080 poisoning.

The full results of these independent tests will be made publicly available on Flora and Fauna of Aotearoa's website and copies sent to relevant government agencies and MPs. Flora and Fauna of Aotearoa and Clean Green NZ Trust, along with their volunteer supporters and many thousands of concerned New Zealand citizens, are calling on the government to act now to protect public health by initiating an immediate independent investigation into this tragic incident and stopping all aerial 1080 poison operations before more wildlife are harmed.

¹ Accredited with ISO9001; 17025; 27000 QMS

² Methodology is based upon the Pitt protocol (2015): biological material was removed from the frozen carcass, then an accurately weighed portion was homogenized using a polytron 3000 into extraction solvent. This solvent liquor was then cleaned-up and the cleaned pregnant solvent analyzed using HPLC with both Time of Flight, linear ion trap mass spectroscopy and fluorescence to check against standards containing fluoroacetate and fluorocitrate. The method was checked for repeatability and linearity. FT-IR and Raman were used to check for the presence of green dye acid 9, as that is only used in the bait pellets and is not a naturally occurring substance at detectable limits. Complete and robust Chain of Custody with SoPs available upon request.

Note to Journalists: Sodium Monofluoroacetate (Compound 1080) is a highly toxic, inhumane, synthetic metabolic poison. It has no antidote. It is banned in many countries. The sublethal effects of the poison on humans are unknown, however it's a proven endocrine disruptor and impacts upon the body's major organs. It is manufactured in the USA by Tull Chemicals and transported to New Zealand's two Government-funded poison bait factories, where it is mixed with cereal or other substances perceived to be attractive to 'pest' species (e.g. rats and possums). Tonnes of poison baits are regularly and systematically distributed via helicopters over thousands of hectares of New Zealand's land and waterways – including drinking water catchments. For over 65 years of this practice New Zealanders have voiced their increasing concern about the negative impact of this indiscriminate poisoning, not only on wildlife, but on public health too, from contamination of the food chain. To date, there has been no independent studies of the claimed 'effectiveness' of this policy and no epidemiological research has been undertaken.

REPORT ON PESTICIDE RESIDUE

ANALYTICAL REPORT.

SAMPLE IDENTITY 191115-3A

SAMPLE TYPE RAT

DATE OF SAMPLE RECEIPT 15-11-19

DATE OF SAMPLE EXTRACTION 16-11-19

SAMPLE EXTRACTION METHOD SOP172

SAMPLE STORAGE and CONDITION FROZEN, REFRIGERATED

PORTION OF SAMPLE TO BE EXTRACTED STOMACH

WEIGHT OF SAMPLE USED IN EXTRACTION 10-114g

ANALYSIS

METHOD OF ANALYSIS

SOP 191

CLEAN UP REQUIRED Y/N

SOP 172

METHOD OF DETERMINATION AND DETECTION METHOD Agilent 1270 + SCIEX QTRAP QTOF
6500/6600

RECOVERY

>99.8%

INTERNAL STANDARD Y/N ✓

EXTERNAL STANDARD Y/N ✓

TYPE PESTANAL

Batch Number

LIMIT of DETCTION 0.001ppm

REPEATABILITY. 99.91%

RESULTS

FLUOROACETATE

38 ppm

FLUOROCITRATE

415 ppm

FT-IR + RAMAN

SHOWED GREEN TRI-Acetyl DYE

Technician

Supervisor

18-11-19.

REPORT ON PESTICIDE RESIDUE

ANALYTICAL REPORT.

SAMPLE IDENTITY 191153A

SAMPLE TYPE RAT

DATE OF SAMPLE RECEIPT 15-11-19

DATE OF SAMPLE EXTRACTION 16-11-19

SAMPLE EXTRACTION METHOD SOP172

SAMPLE STORAGE and CONDITION FROZEN, REFRIGERATED

PORTION OF SAMPLE TO BE EXTRACTED INTESTINES

WEIGHT OF SAMPLE USED IN EXTRACTION

6-31g

ANALYSIS

METHOD OF ANALYSIS

SOP 191

CLEAN UP REQUIRED Y/N

SOP 172

METHOD OF DETERMINATION AND DETECTION METHOD Agilent 1270 + SCIEX QTRAP QTOF 6500/6600

RECOVERY

>99.8%

INTERNAL STANDARD Y/N

EXTERNAL STANDARD Y/N

TYPE PESTANAL

Batch Number

LIMIT of DETCTION 0.001ppm

REPEATABILITY. 99.91%

RESULTS

FLUORO ACETATE

49 ppm

FLUOROCITRATE

370 ppm

FT-IR + RAMAN

SHOWED GREEN TRIARYL DYE.

Technician

Supervisor

18-11-19.

Toxicology Submission Form

| | | |
|---------------------------------------|--------------------------------|--|
| Date received: | Referral lab case ID#: | TOX CASE #: |
| 20-11-19 | 191120-3 | 191115-0-E |
| Bill to: | | |
| <input type="checkbox"/> Veterinarian | <input type="checkbox"/> Owner | <input checked="" type="checkbox"/> Other: |

| | | | | | | |
|---------------------------------|---------------------------------|----------------------------------|----------------------------------|---------------------------------|---------------------------------|--|
| Species information | | | | | | |
| <input type="checkbox"/> Bovine | <input type="checkbox"/> Canine | <input type="checkbox"/> Caprine | <input type="checkbox"/> Camelid | <input type="checkbox"/> Equine | <input type="checkbox"/> Feline | <input checked="" type="checkbox"/> Other: |

| | |
|--|--|
| Referral veterinarian: | |
| Name: | |
| Practice/Address: | |
| | |
| Phone: | |
| Fax: | |
| E-mail: | |
| Send report by: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-mail | |

| | |
|---|--|
| Owner: | |
| Name: | |
| Address: | |
| | |
| Phone: | |
| Fax: | |
| E-mail: | |
| Send report by: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input checked="" type="checkbox"/> E-mail | |

| | | |
|-----------------------|-------------|-----------|
| Animal identification | | |
| # in group: 2 | # affected: | # dead: 2 |

| Animal ID/Name | Breed | Color | Sex | Age | Weight |
|----------------|-------|-------|-----|-----|--------|
| SHEARWATER (1) | BIRD | | | | |
| SHEARWATER (2) | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| |
|--|
| Reason for submission (History/Clinical signs/Laboratory results) |
| POSSIBLE BY KILL FROM SODIUM FLUOROACETATE DROP AS BAITS |
| COLLECTED ON 10TH 11-2019 FROM WESTPORT NORTH BEACH, FROZEN IMMEDIATELY. |
| RECEIVED FROZEN, BAGGED & LABELLED C.O.F.C. COMPLAINT |

| |
|--|
| Current treatment(s) (List drug, dosages and times for each medication): |
| N-A |

SPECIMEN REQUIREMENT

| | | | |
|---------------------|----------------------------|------------------------------|--|
| Red-top tubes | SST: Serum separator | G: Green top tubes (Heparin) | |
| 3: Royal blue tubes | P: Purple top tubes (EDTA) | | |

TOXICOLOGY TESTS

| | |
|--|--|
| Anticoagulants <input type="checkbox"/> Serum (SST, R) / Plasma (P, G) <input type="checkbox"/> Liver <input type="checkbox"/> Other: <input type="checkbox"/> Bait <i>Panel includes: Brodifacoum, Bromadiolone, Chlorphacinone, Coumatral, Difenacoum, Difethialone, Diphacinone</i> | GC-MS toxicant screen <input type="checkbox"/> Serum (SST, R) / Plasma (P, G) <input checked="" type="checkbox"/> Stomach content <input type="checkbox"/> Liver <input checked="" type="checkbox"/> Other: <u>INTESTINES</u> |
| Arsenic <input type="checkbox"/> Whole blood (P, G) <input type="checkbox"/> Kidney <input type="checkbox"/> Liver <input type="checkbox"/> Other: | Lead <input type="checkbox"/> Whole blood (P, G) <input type="checkbox"/> Liver <input type="checkbox"/> Other: |
| Flatoxins <input type="checkbox"/> Corn <input type="checkbox"/> Mixed Feed | Magnesium <input type="checkbox"/> Serum (SST) <input type="checkbox"/> Liver <input type="checkbox"/> Other: |
| Barbiturates <input type="checkbox"/> Serum (SST) / Plasma (P, G) <input type="checkbox"/> Liver <input type="checkbox"/> Other: | Manganese <input type="checkbox"/> Serum (SST) <input type="checkbox"/> Liver <input type="checkbox"/> Other: |
| Cadmium <input type="checkbox"/> Serum (SST, R) <input type="checkbox"/> Liver <input type="checkbox"/> Other: | Metals & Minerals screen (ICP) <input type="checkbox"/> Liver <input type="checkbox"/> Feed <input checked="" type="checkbox"/> Other: <i>Panel includes: As, Ca, Cu, Fe, Mg, Mo, P, Pb, Se, Zn</i> |
| Calcium <input type="checkbox"/> Serum (SST, R) <input type="checkbox"/> Liver <input type="checkbox"/> Other: | Methemoglobin <input type="checkbox"/> Whole blood (P, G) |
| -Carotene <input type="checkbox"/> Serum (SST, R) <input type="checkbox"/> Tissues: <input type="checkbox"/> Feed: <input type="checkbox"/> Other: | Molybdenum <input type="checkbox"/> Whole blood (P, G) <input type="checkbox"/> Liver <input type="checkbox"/> Other: |
| Cholinesterase <input type="checkbox"/> Whole blood (G) <input type="checkbox"/> Brain | Mycotoxin screen (Aflatoxin + Vomitoxin) <input type="checkbox"/> Feed <input type="checkbox"/> Other: |
| Chromium <input type="checkbox"/> Serum (SST) <input type="checkbox"/> Liver <input type="checkbox"/> Other: | Nitrate/Nitrite <input type="checkbox"/> Water <input type="checkbox"/> Serum <input type="checkbox"/> Ocular fluid <input type="checkbox"/> Feed |
| Cobalt <input type="checkbox"/> Whole blood (P, G) <input type="checkbox"/> Liver <input type="checkbox"/> Other: | Pesticides screen <input checked="" type="checkbox"/> Stomach content <input type="checkbox"/> Liver <input type="checkbox"/> Feed <input type="checkbox"/> Other: |
| Copper <input type="checkbox"/> Serum (SST, R) <input type="checkbox"/> Liver <input type="checkbox"/> Liver (2-5 mg): <input type="checkbox"/> Other: <input type="checkbox"/> Copper biopsy | Plant ID <input type="checkbox"/> Plant <input type="checkbox"/> Mushroom <input type="checkbox"/> Other: |
| Cyanide <input type="checkbox"/> Feed <input type="checkbox"/> Plant <input type="checkbox"/> Stomach content | Selenium <input type="checkbox"/> Whole blood (P, G) <input type="checkbox"/> Feed <input type="checkbox"/> Liver <input type="checkbox"/> Other: |
| Ethanol, methanol <input type="checkbox"/> Whole blood | Strychnine <input type="checkbox"/> Stomach content <input type="checkbox"/> Urine <input type="checkbox"/> Liver |
| Ethylene glycol <input type="checkbox"/> Whole blood <input type="checkbox"/> Stomach content <input type="checkbox"/> Kidney | Urea <input type="checkbox"/> Feed <input type="checkbox"/> Liquid supplement |
| Formaldehyde <input type="checkbox"/> Stomach content <input type="checkbox"/> Water <input type="checkbox"/> Mud | Vitamin A <input type="checkbox"/> Serum (SST, R) <input type="checkbox"/> Feed <input type="checkbox"/> Liver <input type="checkbox"/> Other: |
| Iron <input type="checkbox"/> Serum (SST, R) <input type="checkbox"/> Liver <input type="checkbox"/> Other: | Vitamin E <input type="checkbox"/> Serum (SST, R) <input type="checkbox"/> Feed <input type="checkbox"/> Liver <input type="checkbox"/> Other: |
| Other analysis: <u>HPLC MS/MS Post extraction</u> <u>Stomach + Intestines. SOP A2+191</u> | Zinc <input type="checkbox"/> Serum/ plasma (RB*) <input type="checkbox"/> Liver <input type="checkbox"/> Feed <input type="checkbox"/> Other: |
| Specimen: _____ | <i>* In case of suspected zinc deficiency, royal blue tubes are required. If zinc toxicosis is suspected, then green top tubes and red top tubes can be used.</i> |

Sample submission information & laboratory policies

Submission Forms: Contact the Toxicology Laboratory or visit the [Toxicology information page](#) specifically, for information about the toxicology submission form, rates, and sample submission procedures. So that we may optimally assist you, please provide as much information as possible pertaining to history, clinical signs and any current treatment regimens. **The submission form should be placed in a SEPARATELY sealed bag accompanying the submitted sample(s).**

Prices: See [Toxicology sample submission procedures & rates](#). All rates are subject to change without notice.

Submit all laboratory samples to:

Referral Service: If a test is not listed, please call the Toxicology Laboratory for availability. Several tests are not performed routinely by the Toxicology Laboratory. Samples received requesting tests that are run at outside laboratories will be forwarded to the appropriate lab for testing. Any additional costs associated with tests performed at outside laboratories are the responsibility of the submitting agent(s).

Turnaround time: For routine tests, 2 to 4 working days after the sample is received (Working Days=M-F, Day=8 am – 4 pm)

Specimen: For the sample quantities and storage requirements, please refer to [Toxicology sample submission procedures & rates](#) web page. Each sample should be contained in two, separately sealed, leak proof plastic bags or plastic containers with an appropriate absorbent surrounding the containers in case of leakage of material during transport.

| Sample types | Samples | Storage | Packaging/Shipment |
|-----------------------------|--|--|---|
| Fresh tissue | Liver, Kidney, Fat; brain | NO FIXATION Refrigerate, freeze (ideally) | Secondary container/Overnight |
| GI content Feed Baits | Vomit; Stomach/rumen/ abomasal/intestinal contents; | Refrigerate, freeze (ideally) | Secondary container/Overnight |
| | Feedstuffs/baits | Kept dry in plastic or paper bags (ideally) | Secondary container/Overnight/2 days |
| Fluids | Whole blood | Refrigerate | Secondary containers/Overnight |
| | Serum/Plasma; Ocular fluid, Urine; Water | Refrigerate, Freeze (ideally) | Secondary container/Overnight |

Labeling Specimens: Clearly mark on each container the date the sample was collected, case number, the name of the submitting agency/Veterinary Hospital, the owner's name if applicable and the animal's identification or description of the environmental source of the sample material. Proper labeling eliminates the possibility of a specimen becoming separated from its submission form or being mistaken for another specimen. **In addition, please, clearly mark any specimens that are suspected of carrying zoonotic diseases that could be considered hazardous to human health.**

REPORT ON PESTICIDE RESIDUE

ANALYTICAL REPORT.

SAMPLE IDENTITY 191153E SAMPLE TYPE SWEETWATER
DATE OF SAMPLE RECEIPT 20-11-19 WHOLE
DATE OF SAMPLE EXTRACTION 20-11-19 SAMPLE EXTRACTION METHOD SOP172
SAMPLE STORAGE and CONDITION FROZEN
PORTION OF SAMPLE TO BE EXTRACTED STOMACH
WEIGHT OF SAMPLE USED IN EXTRACTION 11-141g

ANALYSIS

METHOD OF ANALYSIS SOP 191
CLEAN UP REQUIRED Y/N SOP 172
METHOD OF DETERMINATION AND DETECTION METHOD Agilent 1270 + SCIEX QTRAP QTOF
6500/6600
RECOVERY >99.8%
INTERNAL STANDARD Y/N
EXTERNAL STANDARD Y/N TYPE PESTANAL
Batch Number
LIMIT of DETCTION 0.001ppm REPEATABILITY. 99.91%

RESULTS

FLUOROACETATE 19 ppm
FLUOROCITRATE 87 ppm
FT-IR + RAMAN SHOWED PRESENCE OF TRIVALENT DYE
GREEN 9

Technician ●

Supervisor ●

21-11-19

REPORT ON PESTICIDE RESIDUE

ANALYTICAL REPORT.

SAMPLE IDENTITY 1911203D SAMPLE TYPE SHEARWATER
WHOLE
DATE OF SAMPLE RECEIPT 20-11-19
DATE OF SAMPLE EXTRACTION 20-11-19 SAMPLE EXTRACTION METHOD SOP172
SAMPLE STORAGE and CONDITION FROZEN
PORTION OF SAMPLE TO BE EXTRACTED STOMACH
WEIGHT OF SAMPLE USED IN EXTRACTION 11-18g

ANALYSIS

METHOD OF ANALYSIS SOP 191
CLEAN UP REQUIRED Y/N SOP 172
METHOD OF DETERMINATION AND DETECTION METHOD Agilent 1270 + SCIEX QTRAP QTOF
6500/6600
RECOVERY >99.8%
INTERNAL STANDARD Y/N
EXTERNAL STANDARD Y/N TYPE PESTANAL
Batch Number
LIMIT of DETCTION 0.001ppm REPEATABILITY. 99.91%

RESULTS

FLUOROACETATE 32 ppm
FLUOROCITRATE 118 ppm.
FT-IR + RAMAN showed green ayl dye

Technician ●

Supervisor ●

21-11-19

Toxicology Submission Form

| | | |
|---------------------------------------|--------------------------------|--|
| Date received: | Referral lab case ID#: | TOX CASE #: |
| 20-11-19 | 191115-3 | 191115-3 F-G |
| Bill to: | | |
| <input type="checkbox"/> Veterinarian | <input type="checkbox"/> Owner | <input checked="" type="checkbox"/> Other: |

| | | | | | | |
|---------------------------------|---------------------------------|----------------------------------|----------------------------------|---------------------------------|---------------------------------|--|
| Species information | | | | | | |
| <input type="checkbox"/> Bovine | <input type="checkbox"/> Canine | <input type="checkbox"/> Caprine | <input type="checkbox"/> Camelid | <input type="checkbox"/> Equine | <input type="checkbox"/> Feline | <input checked="" type="checkbox"/> Other: |

| | |
|--|--|
| Referral veterinarian: | |
| Name: | |
| Practice/Address: | |
| | |
| Phone: | |
| Fax: | |
| E-mail: | |
| Send report by: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-mail | |

| | |
|---|--|
| Owner: | |
| Name: | |
| Address: | |
| | |
| Phone: | |
| Fax: | |
| E-mail: | |
| Send report by: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input checked="" type="checkbox"/> E-mail | |

| | | |
|-----------------------|-------------|---------------|
| Animal identification | | |
| # in group: | # affected: | # dead: 1 + 8 |

| Animal ID/Name | Breed | Color | Sex | Age | Weight |
|----------------|-------|-------|-----|-----|--------|
| STARFISH | | | | | |
| MUSSELS | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| |
|---|
| Reason for submission (History/Clinical signs/Laboratory results) |
| POSSIBLE CONTAMINATION FROM ASSOCIATED BY KILL RESIDUES FROM SODIUM FLUOROACETATE POISONING |
| ITEMS COLLECTED 10th 11-2019, BAGGED LABELLED + FROZEN IMMEDIATELY |
| COLLECTED AT WESTPORT NORTH BEACH |
| RECEIVED FROZEN BAGGED, LABELLED CoC COMPLETED |

| |
|--|
| Current treatment(s) (List drug, dosages and times for each medication): |
| N/A |
| |
| |

| SPECIMEN REQUIREMENT | | | |
|---|----------------------------|---|--|
| R: Red-top tubes | SST: Serum separator | G: Green top tubes (Heparin) | |
| RB: Royal blue tubes | P: Purple top tubes (EDTA) | | |
| TOXICOLOGY TESTS | | | |
| Anticoagulants <input type="checkbox"/> Serum (SST, R) / Plasma (P, G) <input type="checkbox"/> Liver <input type="checkbox"/> Other: <input type="checkbox"/> Bait <i>Panel includes: Brodifacoum, Bromadiolone, Chlorphacinone, Dicoumarol, Difenacoum, Difethialone, Diphacinone</i> | | GC-MS toxicant screen <input type="checkbox"/> Serum (SST, R) / Plasma (P, G) <input type="checkbox"/> Stomach content <input type="checkbox"/> Liver <input checked="" type="checkbox"/> Other: <u>BODY</u> | |
| Arsenic <input type="checkbox"/> Whole blood (P, G) <input type="checkbox"/> Kidney <input type="checkbox"/> Liver <input type="checkbox"/> Other: | | Lead <input type="checkbox"/> Whole blood (P, G) <input type="checkbox"/> Liver <input type="checkbox"/> Other: | |
| Aflatoxins <input type="checkbox"/> Corn <input type="checkbox"/> Mixed Feed | | Magnesium <input type="checkbox"/> Serum (SST) <input type="checkbox"/> Liver <input type="checkbox"/> Other: | |
| Barbiturates <input type="checkbox"/> Serum (SST) / Plasma (P, G) <input type="checkbox"/> Liver <input type="checkbox"/> Other: | | Manganese <input type="checkbox"/> Serum (SST) <input type="checkbox"/> Liver <input type="checkbox"/> Other: | |
| Cadmium <input type="checkbox"/> Serum (SST, R) <input type="checkbox"/> Liver <input type="checkbox"/> Other: | | Metals & Minerals screen (ICP) <input type="checkbox"/> Liver <input type="checkbox"/> Feed <input checked="" type="checkbox"/> Other: <u>BODY</u> <i>Panel includes: As, Ca, Cu, Fe, Mg, Mo, P, Pb, Se, Zn</i> | |
| Calcium <input type="checkbox"/> Serum (SST, R) <input type="checkbox"/> Liver <input type="checkbox"/> Other: | | Methemoglobin <input type="checkbox"/> Whole blood (P, G) | |
| β-Carotene <input type="checkbox"/> Serum (SST, R) <input type="checkbox"/> Tissues: <input type="checkbox"/> Feed: <input type="checkbox"/> Other: | | Molybdenum <input type="checkbox"/> Whole blood (P, G) <input type="checkbox"/> Liver <input type="checkbox"/> Other: | |
| Cholinesterase <input type="checkbox"/> Whole blood (G) <input type="checkbox"/> Brain | | Mycotoxin screen (Aflatoxin + Vomitoxin) <input type="checkbox"/> Feed <input type="checkbox"/> Other: | |
| Chromium <input type="checkbox"/> Serum (SST) <input type="checkbox"/> Liver <input type="checkbox"/> Other: | | Nitrate/Nitrite <input type="checkbox"/> Water <input type="checkbox"/> Serum <input type="checkbox"/> Ocular fluid <input type="checkbox"/> Feed | |
| Cobalt <input type="checkbox"/> Whole blood (P, G) <input type="checkbox"/> Liver <input type="checkbox"/> Other: | | Pesticides screen <input type="checkbox"/> Stomach content <input type="checkbox"/> Liver <input type="checkbox"/> Feed <input type="checkbox"/> Other: | |
| Copper <input type="checkbox"/> Serum (SST, R) <input type="checkbox"/> Liver <input type="checkbox"/> Liver (2-5 mg): <input type="checkbox"/> Other: <input type="checkbox"/> Copper biopsy | | Plant ID <input type="checkbox"/> Plant <input type="checkbox"/> Mushroom <input type="checkbox"/> Other: | |
| Cyanide <input type="checkbox"/> Feed <input type="checkbox"/> Plant <input type="checkbox"/> Stomach content | | Selenium <input type="checkbox"/> Whole blood (P, G) <input type="checkbox"/> Feed <input type="checkbox"/> Liver <input type="checkbox"/> Other: | |
| Ethanol, methanol <input type="checkbox"/> Whole blood | | Strychnine <input type="checkbox"/> Stomach content <input type="checkbox"/> Urine <input type="checkbox"/> Liver | |
| Ethylene glycol <input type="checkbox"/> Whole blood <input type="checkbox"/> Stomach content <input type="checkbox"/> Kidney | | Urea <input type="checkbox"/> Feed <input type="checkbox"/> Liquid supplement | |
| Formaldehyde <input type="checkbox"/> Stomach content <input type="checkbox"/> Water <input type="checkbox"/> Mud | | Vitamin A <input type="checkbox"/> Serum (SST, R) <input type="checkbox"/> Feed <input type="checkbox"/> Liver <input type="checkbox"/> Other: | |
| Iron <input type="checkbox"/> Serum (SST, R) <input type="checkbox"/> Liver <input type="checkbox"/> Other: | | Vitamin E <input type="checkbox"/> Serum (SST, R) <input type="checkbox"/> Feed <input type="checkbox"/> Liver <input type="checkbox"/> Other: | |
| Other analysis: <u>HPLC MS/MS Post Extraction</u> <u>BODY FLESH SOP 172+192.</u> | | Zinc <input type="checkbox"/> Serum/ plasma (RB*) <input type="checkbox"/> Liver <input type="checkbox"/> Feed <input type="checkbox"/> Other: | |
| Specimen: _____ _____ | | <i>* In case of suspected zinc deficiency, royal blue tubes are required. If zinc toxicosis is suspected, then green top tubes and red top tubes can be used.</i> | |

Sample submission information & laboratory policies

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Prices: See [Toxicology sample submission procedures & rates](#). All rates are subject to change without notice.

Submit all laboratory samples to:

Referral Service: If a test is not listed, please call the Toxicology Laboratory for availability. Several tests are not performed routinely by the Toxicology Laboratory. Samples received requesting tests that are run at outside laboratories will be forwarded to the appropriate lab for testing. Any additional costs associated with tests performed at outside laboratories are the responsibility of the submitting agent(s).

Turnaround time: For routine tests, 2 to 4 working days after the sample is received (Working Days=M-F, Day=8 am – 4 pm)

Specimen: For the sample quantities and storage requirements, please refer to [Toxicology sample submission procedures & rates](#) web page. Each sample should be contained in two, separately sealed, leak proof plastic bags or plastic containers with an appropriate absorbent surrounding the containers in case of leakage of material during transport.

| Sample types | Samples | Storage | Packaging/Shipment |
|-----------------------------|--|--|---|
| Fresh tissue | Liver, Kidney, Fat; brain | NO FIXATION Refrigerate, freeze (ideally) | Secondary container/Overnight |
| GI content Feed Baits | Vomitus; Stomach/rumen/ abomasal/intestinal contents; | Refrigerate, freeze (ideally) | Secondary container/Overnight |
| | Feedstuffs/baits | Kept dry in plastic or paper bags (ideally) | Secondary container/Overnight/2 days |
| Fluids | Whole blood | Refrigerate | Secondary containers/Overnight |
| | Serum/Plasma; Ocular fluid, Urine; Water | Refrigerate, Freeze (ideally) | Secondary container/Overnight |

Labeling Specimens: Clearly mark on each container the date the sample was collected, case number, the name of the submitting agency/Veterinary Hospital, the owner's name if applicable and the animal's identification or description of the environmental source of the sample material. Proper labeling eliminates the possibility of a specimen becoming separated from its submission form or being mistaken for another specimen. **In addition, please, clearly mark any specimens that are suspected of carrying zoonotic diseases that could be considered hazardous to human health.**

REPORT ON PESTICIDE RESIDUE

ANALYTICAL REPORT.

SAMPLE IDENTITY 1911153G.

SAMPLE TYPE MUSSELS
x 6.

DATE OF SAMPLE RECEIPT 20-11-12

DATE OF SAMPLE EXTRACTION 20-11-12

SAMPLE EXTRACTION METHOD SOP172

SAMPLE STORAGE and CONDITION Frozen

PORTION OF SAMPLE TO BE EXTRACTED FLESH

WEIGHT OF SAMPLE USED IN EXTRACTION 13-931g

ANALYSIS

METHOD OF ANALYSIS SOP 191

CLEAN UP REQUIRED Y/N SOP 172

METHOD OF DETERMINATION AND DETECTION METHOD Agilent 1270 + SCIEX QTRAP QTOF
6500/6600

RECOVERY >99.8%

INTERNAL STANDARD Y/N

EXTERNAL STANDARD Y/N TYPE PESTANAL

Batch Number

LIMIT of DETCTION 0.001ppm

REPEATABILITY. 99.91%

RESULTS

NONE DETECTED

Technician ●

Supervisor ●

REPORT ON PESTICIDE RESIDUE

ANALYTICAL REPORT.

SAMPLE IDENTITY 1911153F SAMPLE TYPE STARFISH
WHOLE
DATE OF SAMPLE RECEIPT 20-11-19
DATE OF SAMPLE EXTRACTION 20-11-19 SAMPLE EXTRACTION METHOD SOP172
SAMPLE STORAGE and CONDITION FROZEN
PORTION OF SAMPLE TO BE EXTRACTED BODY
WEIGHT OF SAMPLE USED IN EXTRACTION 19-316g

ANALYSIS

METHOD OF ANALYSIS SOP 191
CLEAN UP REQUIRED Y/N SOP 172
METHOD OF DETERMINATION AND DETECTION METHOD Agilent 1270 + SCIEX QTRAP QTOF
6500/6600
RECOVERY >99.8%
INTERNAL STANDARD Y/N
EXTERNAL STANDARD Y/N TYPE PESTANAL
Batch Number
LIMIT of DETCTION 0.001ppm REPEATABILITY. 99.91%

RESULTS

FLUOROCITRATE 13 ppm

Technician ●

Supervisor ●

21-11-19

Toxicology Submission Form

| | | |
|---------------------------------------|--------------------------------|--|
| Date received: | Referral lab case ID#: | TOX CASE #: |
| 20-11-19 | 191115-3 | 191115-3 H |
| Bill to: | | |
| <input type="checkbox"/> Veterinarian | <input type="checkbox"/> Owner | <input checked="" type="checkbox"/> Other: |

| | | | | | | |
|---------------------------------|---------------------------------|----------------------------------|----------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Species information | | | | | | |
| <input type="checkbox"/> Bovine | <input type="checkbox"/> Canine | <input type="checkbox"/> Caprine | <input type="checkbox"/> Camelid | <input type="checkbox"/> Equine | <input type="checkbox"/> Feline | <input type="checkbox"/> Other: |

| | |
|--|--|
| Referral veterinarian: | |
| Name: | |
| Practice/Address: | |
| | |
| Phone: | |
| Fax: | |
| E-mail: | |
| Send report by: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-mail | |

| | |
|---|--|
| Owner: | |
| Name: | |
| Address: | |
| | |
| Phone: | |
| Fax: | |
| E-mail: | |
| Send report by: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input checked="" type="checkbox"/> E-mail | |

| | | |
|-----------------------|-------------|---------|
| Animal identification | | |
| # in group: | # affected: | # dead: |

| Animal ID/Name | Breed | Color | Sex | Age | Weight |
|----------------|-------|-------|-----|-----|--------|
| WEKA (1) | WEKA | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| |
|--|
| Reason for submission (History/Clinical signs/Laboratory results) |
| POSSIBLE CONTAMINATION FROM BY KILL ASSOCIATED WITH SODIUM FLUOROACETATE POISON DROP. |
| ITEM COLLECTED 9TH 11-2019 EVENING - SEEN PECKING AT DEAD RATS ON BEACH BY RIVER. FOUND 1 HOUR LATER ON RIVER BANK |
| RECEIVED BAGGED, FROZEN LABELLED AND INTACT. COFC COMPLETED |

| |
|--|
| Current treatment(s) (List drug, dosages and times for each medication): |
| N-A |
| |
| |
| |

| SPECIMEN REQUIREMENT | | | |
|---|--|--|--|
| Top tubes | SST: Serum separator | G: Green top tubes (Heparin) | |
| Blue tubes | P: Purple top tubes (EDTA) | | |
| TOXICOLOGY TESTS | | | |
| Antidotes (SST, R) / Plasma (P, G) <input type="checkbox"/> Liver <input type="checkbox"/> Bait <i>Includes: Brodifacoum, Bromadiolone, Chlorphacinone, Difenacoum, Difethialone, Diphacinone</i> | GC-MS toxicant screen <input type="checkbox"/> Serum (SST, R) / Plasma (P, G) <input checked="" type="checkbox"/> Stomach content <input type="checkbox"/> Liver <input checked="" type="checkbox"/> Other: <u>INTESTINES</u> | | |
| Whole blood (P, G) <input type="checkbox"/> Kidney <input type="checkbox"/> Other: | Lead <input type="checkbox"/> Whole blood (P, G) <input type="checkbox"/> Liver <input type="checkbox"/> Other: | | |
| Feeds <input type="checkbox"/> Mixed Feed | Magnesium <input type="checkbox"/> Serum (SST) <input type="checkbox"/> Liver <input type="checkbox"/> Other: | | |
| Antidotes (SST) / Plasma (P, G) <input type="checkbox"/> Liver | Manganese <input type="checkbox"/> Serum (SST) <input type="checkbox"/> Liver <input type="checkbox"/> Other: | | |
| Feeds <input type="checkbox"/> Liver | Metals & Minerals screen (ICP) <input type="checkbox"/> Liver <input type="checkbox"/> Feed <input checked="" type="checkbox"/> Other: <i>Panel includes: As, Ca, Cu, Fe, Mg, Mo, P, Pb, Se, Zn</i> | | |
| Whole blood (SST, R) <input type="checkbox"/> Liver | Methemoglobin <input type="checkbox"/> Whole blood (P, G) | | |
| Feeds (SST, R) <input type="checkbox"/> Tissues: <input type="checkbox"/> Other: | Molybdenum <input type="checkbox"/> Whole blood (P, G) <input type="checkbox"/> Liver <input type="checkbox"/> Other: | | |
| Antidotes (SST) <input type="checkbox"/> Liver | Mycotoxin screen (Aflatoxin + Vomitoxin) <input type="checkbox"/> Feed <input type="checkbox"/> Other: | | |
| Whole blood (P, G) <input type="checkbox"/> Liver | Nitrate/Nitrite <input type="checkbox"/> Water <input type="checkbox"/> Serum <input type="checkbox"/> Ocular fluid <input type="checkbox"/> Feed | | |
| Feeds (2-5 mg): Liver biopsy | Pesticides screen <input checked="" type="checkbox"/> Stomach content <input type="checkbox"/> Liver <input type="checkbox"/> Feed <input type="checkbox"/> Other: | | |
| Stomach content, methanol | Plant ID <input type="checkbox"/> Plant <input type="checkbox"/> Mushroom <input type="checkbox"/> Other: | | |
| Stomach content, glycol | Selenium <input type="checkbox"/> Whole blood (P, G) <input type="checkbox"/> Feed <input type="checkbox"/> Liver <input type="checkbox"/> Other: | | |
| Stomach content, lehyde | Strychnine <input type="checkbox"/> Stomach content <input type="checkbox"/> Urine <input type="checkbox"/> Liver | | |
| Feeds (SST, R) <input type="checkbox"/> Liver | Urea <input type="checkbox"/> Feed <input type="checkbox"/> Liquid supplement | | |
| | Vitamin A <input type="checkbox"/> Serum (SST, R) <input type="checkbox"/> Feed <input type="checkbox"/> Liver <input type="checkbox"/> Other: | | |
| | Vitamin E <input type="checkbox"/> Serum (SST, R) <input type="checkbox"/> Feed <input type="checkbox"/> Liver <input type="checkbox"/> Other: | | |
| | Zinc <input type="checkbox"/> Serum/ plasma (RB*) <input type="checkbox"/> Liver <input type="checkbox"/> Feed <input type="checkbox"/> Other: | | |
| Analysis: <u>HPLC MS/MS POST EXTRACTION</u> <u>STOMACH + INTENTINES. SOP 1724191</u> In: <u>ALL</u> | | * In case of suspected zinc deficiency, royal blue tubes are required. If zinc toxicosis is suspected, then green top tubes and red top tubes can be used. | |

Sample submission information & laboratory policies

Submission Forms: Contact the Toxicology Laboratory or visit the [Toxicology information page](#) specifically, for information about the toxicology submission form, rates, and sample submission procedures. So that we may optimally assist you, please provide as much information as possible pertaining to history, clinical signs and any current treatment regimens. The submission form should be placed in a **SEPARATELY sealed bag accompanying the submitted sample(s).**

Prices: See [Toxicology sample submission procedures & rates](#). All rates are subject to change without notice.

Submit all laboratory samples to:

Referral Service: If a test is not listed, please call the Toxicology Laboratory for availability. Several tests are not performed routinely by the Toxicology Laboratory. Samples received requesting tests that are run at outside laboratories will be forwarded to the appropriate lab for testing. Any additional costs associated with tests performed at outside laboratories are the responsibility of the submitting agent(s).

Turnaround time: For routine tests, 2 to 4 working days after the sample is received (Working Days=M-F, Day=8 am – 4 pm)

Specimen: For the sample quantities and storage requirements, please refer to [Toxicology sample submission procedures & rates](#) web page. Each sample should be contained in two, separately sealed, leak proof plastic bags or plastic containers with an appropriate absorbent surrounding the containers in case of leakage of material during transport.

| Sample types | Samples | Storage | Packaging/Shipment |
|-----------------------------|--|--|---|
| Fresh tissue | Liver, Kidney, Fat; brain | NO FIXATION Refrigerate, freeze (ideally) | Secondary container/Overnight |
| GI content Feed Baits | Vomit; Stomach/rumen/ abomasal/intestinal contents; | Refrigerate, freeze (ideally) | Secondary container/Overnight |
| | Feedstuffs/baits | Kept dry in plastic or paper bags (ideally) | Secondary container/Overnight/2 days |
| Fluids | Whole blood | Refrigerate | Secondary containers/Overnight |
| | Serum/Plasma; Ocular fluid, Urine; Water | Refrigerate, Freeze (ideally) | Secondary container/Overnight |

Labeling Specimens: Clearly mark on each container the date the sample was collected, case number, the name of the submitting agency/Veterinary Hospital, the owner's name if applicable and the animal's identification or description of the environmental source of the sample material. Proper labeling eliminates the possibility of a specimen becoming separated from its submission form or being mistaken for another specimen. In addition, please, clearly mark any specimens that are suspected of carrying zoonotic diseases that could be considered hazardous to human health.

REPORT ON PESTICIDE RESIDUE

ANALYTICAL REPORT.

SAMPLE IDENTITY 191115-3 U SAMPLE TYPE WEKA
DATE OF SAMPLE RECEIPT 20-11-19 WHOLE
DATE OF SAMPLE EXTRACTION 20-11-19 SAMPLE EXTRACTION METHOD SOP172
SAMPLE STORAGE and CONDITION FROZEN, REFRIGERATED
PORTION OF SAMPLE TO BE EXTRACTED STOMACH
WEIGHT OF SAMPLE USED IN EXTRACTION 9.887g

ANALYSIS

METHOD OF ANALYSIS SOP 191
CLEAN UP REQUIRED Y/N SOP 172
METHOD OF DETERMINATION AND DETECTION METHOD Agilent 1270 + SCIEX QTRAP QTOF
6500/6600
RECOVERY >99.8%
INTERNAL STANDARD Y/N
EXTERNAL STANDARD Y/N TYPE PESTANAL
Batch Number
LIMIT of DETCTION 0.001ppm REPEATABILITY. 99.91%

RESULTS

FLUOROCITRATE 19 ppm.

Technician ●

Supervisor ●

22-11-19

Toxicology Submission Form

| | | |
|---------------------------------------|--------------------------------|---------------------------------|
| Date received: | Referral lab case ID#: | TOX CASE #: |
| 20-11-19 | 191113-3 | 191113-3-3-5 |
| Bill to: | | |
| <input type="checkbox"/> Veterinarian | <input type="checkbox"/> Owner | <input type="checkbox"/> Other: |

| | | | | | | |
|---------------------------------|---------------------------------|----------------------------------|----------------------------------|---------------------------------|---------------------------------|--|
| Species information | | | | | | |
| <input type="checkbox"/> Bovine | <input type="checkbox"/> Canine | <input type="checkbox"/> Caprine | <input type="checkbox"/> Camelid | <input type="checkbox"/> Equine | <input type="checkbox"/> Feline | <input checked="" type="checkbox"/> Other: |

| | |
|------------------------|--|
| Referral veterinarian: | |
| Name: | |
| Practice/Address: | |
| | |
| Phone: | |
| Fax: | |
| E-mail: | |
| Send report by: | <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-mail |

| | |
|-----------------|---|
| Owner: | |
| Name: | |
| Address: | |
| | |
| Phone: | |
| Fax: | |
| E-mail: | |
| Send report by: | <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input checked="" type="checkbox"/> E-mail |

| | | |
|-----------------------|-------------|------------|
| Animal identification | | |
| # in group: | # affected: | # dead: 10 |

| Animal ID/Name | Breed | Color | Sex | Age | Weight |
|----------------|-------|-------|-----|-----|--------|
| RAT (3) | RAT | | | | |
| RAT (4) | RAT | | | | |
| RAT (3) | RAT | | | | |
| RAT (6) - (10) | RAT | | | | |
| | | | | | |

Reason for submission (History/Clinical signs/Laboratory results)

POSSIBLE POISONING FROM SODIUM FLUOROACETATE
 COLLECTED ON 10TH 11-2019 FROM WESTBARTNORTH BASIN
 AM. MULTIPLE BODIES IN BAGS. 3 INTACT REST INNAEDS
 MISSING STOMACH AREA SHOWED SIGNS OF PECKING AND CHEWING
 ALL RECEIVED FROZEN & LABELED. 3 COMPLETE ANIMALS ANALYZED
 CoFC COMPLETED

Current treatment(s) (List drug, dosages and times for each medication):

N/A

| SPECIMEN REQUIREMENT | | | |
|--|--|---|--|
| 10 tubes | SST: Serum separator | G: Green top tubes (Heparin) | |
| 1 blue tubes | P: Purple top tubes (EDTA) | | |
| TOXICOLOGY TESTS | | | |
| Antidotes (SST, R) / Plasma (P, G) <input type="checkbox"/> Liver <input type="checkbox"/> Bait <i>Includes: Brodifacoum, Bromadiolone, Chlorphacinone, Coumatmalonol, Difenacoum, Difethialone, Diphacinone</i> | GC-MS toxicant screen <input type="checkbox"/> Serum (SST, R) / Plasma (P, G) <input checked="" type="checkbox"/> Stomach content <input type="checkbox"/> Liver <input checked="" type="checkbox"/> Other: <u>INTESTINES</u> | | |
| Whole blood (P, G) <input type="checkbox"/> Kidney <input type="checkbox"/> Other: | Lead <input type="checkbox"/> Whole blood (P, G) <input type="checkbox"/> Liver <input type="checkbox"/> Other: | | |
| Saliva <input type="checkbox"/> Mixed Feed | Magnesium <input type="checkbox"/> Serum (SST) <input type="checkbox"/> Liver <input type="checkbox"/> Other: | | |
| Urine (SST) / Plasma (P, G) <input type="checkbox"/> Liver | Manganese <input type="checkbox"/> Serum (SST) <input type="checkbox"/> Liver <input type="checkbox"/> Other: | | |
| Urine (SST, R) <input type="checkbox"/> Liver | Metals & Minerals screen (ICP) <input type="checkbox"/> Liver <input type="checkbox"/> Feed <input checked="" type="checkbox"/> Other: <i>Panel includes: As, Ca, Cu, Fe, Mg, Mo, P, Pb, Se, Zn</i> | | |
| Urine (SST, R) <input type="checkbox"/> Liver | Methemoglobin <input type="checkbox"/> Whole blood (P, G) | | |
| Urine (SST, R) <input type="checkbox"/> Tissues: <input type="checkbox"/> Other: | Molybdenum <input type="checkbox"/> Whole blood (P, G) <input type="checkbox"/> Liver <input type="checkbox"/> Other: | | |
| Urine (SST, R) <input type="checkbox"/> Brain | Mycotoxin screen (Aflatoxin + Vomitoxin) <input type="checkbox"/> Feed <input type="checkbox"/> Other: | | |
| Urine (SST, R) <input type="checkbox"/> Liver | Nitrate/Nitrite <input type="checkbox"/> Water <input type="checkbox"/> Serum <input type="checkbox"/> Ocular fluid <input type="checkbox"/> Feed | | |
| Urine (SST, R) <input type="checkbox"/> Liver | Pesticides screen <input checked="" type="checkbox"/> Stomach content <input type="checkbox"/> Liver <input type="checkbox"/> Feed <input type="checkbox"/> Other: | | |
| Urine (SST, R) <input type="checkbox"/> Liver | Plant ID <input type="checkbox"/> Plant <input type="checkbox"/> Mushroom <input type="checkbox"/> Other: | | |
| Urine (SST, R) <input type="checkbox"/> Liver | Selenium <input type="checkbox"/> Whole blood (P, G) <input type="checkbox"/> Feed <input type="checkbox"/> Liver <input type="checkbox"/> Other: | | |
| Urine (SST, R) <input type="checkbox"/> Liver | Strychnine <input type="checkbox"/> Stomach content <input type="checkbox"/> Urine <input type="checkbox"/> Liver | | |
| Urine (SST, R) <input type="checkbox"/> Liver | Urea <input type="checkbox"/> Feed <input type="checkbox"/> Liquid supplement | | |
| Urine (SST, R) <input type="checkbox"/> Liver | Vitamin A <input type="checkbox"/> Serum (SST, R) <input type="checkbox"/> Feed <input type="checkbox"/> Liver <input type="checkbox"/> Other: | | |
| Urine (SST, R) <input type="checkbox"/> Liver | Vitamin E <input type="checkbox"/> Serum (SST, R) <input type="checkbox"/> Feed <input type="checkbox"/> Liver <input type="checkbox"/> Other: | | |
| Urine (SST, R) <input type="checkbox"/> Liver | Zinc <input type="checkbox"/> Serum/ plasma (RB*) <input type="checkbox"/> Liver <input type="checkbox"/> Feed <input type="checkbox"/> Other: | | |
| Analysis: <u>HPLC MS/MS POST EXTRACTION</u> <u>STOMACH + INTESTINES - SOP 172-1191</u> in: <u>ALL</u> | | <i>* In case of suspected zinc deficiency, royal blue tubes are required. If zinc toxicosis is suspected, then green top tubes and red top tubes can be used.</i> | |

Sample submission information & laboratory policies

Submission Forms: Contact the Toxicology Laboratory or visit the [Toxicology information page](#) specifically, for information about the toxicology submission form, rates, and sample submission procedures. So that we may optimally assist you, please provide as much information as possible pertaining to history, clinical signs and any current treatment regimens. **The submission form should be placed in a SEPARATELY sealed bag accompanying the submitted sample(s).**

Prices: See [Toxicology sample submission procedures & rates](#). All rates are subject to change without notice.

Submit all laboratory samples to:

Referral Service: If a test is not listed, please call the Toxicology Laboratory for availability. Several tests are not performed routinely by the Toxicology Laboratory. Samples received requesting tests that are run at outside laboratories will be forwarded to the appropriate lab for testing. Any additional costs associated with tests performed at outside laboratories are the responsibility of the submitting agent(s).

Turnaround time: For routine tests, 2 to 4 working days after the sample is received (Working Days=M-F, Day=8 am – 4 pm)

Specimen: For the sample quantities and storage requirements, please refer to [Toxicology sample submission procedures & rates](#) web page. Each sample should be contained in two, separately sealed, leak proof plastic bags or plastic containers with an appropriate absorbent surrounding the containers in case of leakage of material during transport.

| Sample types | Samples | Storage | Packaging/Shipment |
|-----------------------------|--|--|---|
| Fresh tissue | Liver, Kidney, Fat; brain | NO FIXATION Refrigerate, freeze (ideally) | Secondary container/Overnight |
| GI content Feed Baits | Vomitus; Stomach/rumen/ abomasal/intestinal contents; | Refrigerate, freeze (ideally) | Secondary container/Overnight |
| | Feedstuffs/baits | Kept dry in plastic or paper bags (ideally) | Secondary container/Overnight/2 days |
| Fluids | Whole blood | Refrigerate | Secondary containers/Overnight |
| | Serum/Plasma; Ocular fluid, Urine; Water | Refrigerate, Freeze (ideally) | Secondary container/Overnight |

Labeling Specimens: Clearly mark on each container the date the sample was collected, case number, the name of the submitting agency/Veterinary Hospital, the owner's name if applicable and the animal's identification or description of the environmental source of the sample material. Proper labeling eliminates the possibility of a specimen becoming separated from its submission form or being mistaken for another specimen. In addition, please, clearly mark any specimens that are suspected of carrying zoonotic diseases that could be considered hazardous to human health.

REPORT ON PESTICIDE RESIDUE

ANALYTICAL REPORT.

SAMPLE IDENTITY 191115-3L SAMPLE TYPE RAT
DATE OF SAMPLE RECEIPT 20-11-19 WHOLE
DATE OF SAMPLE EXTRACTION 22-11-19 SAMPLE EXTRACTION METHOD SOP172
SAMPLE STORAGE and CONDITION FROZEN
PORTION OF SAMPLE TO BE EXTRACTED STOMACH
WEIGHT OF SAMPLE USED IN EXTRACTION 9.743g

ANALYSIS

METHOD OF ANALYSIS SOP 191
CLEAN UP REQUIRED Y/N SOP 172
METHOD OF DETERMINATION AND DETECTION METHOD Agilent 1270 + SCIEX QTRAP QTOF
6500/6600
RECOVERY >99.8%
INTERNAL STANDARD Y/N ✓
EXTERNAL STANDARD Y/N ✓ TYPE PESTANAL
Batch Number
LIMIT of DETCTION 0.001ppm REPEATABILITY. 99.91%

RESULTS

NONE DETECTED

Technician ●

Supervisor ●

23-11-19

REPORT ON PESTICIDE RESIDUE

ANALYTICAL REPORT.

SAMPLE IDENTITY 19 1115-3L SAMPLE TYPE RAT
DATE OF SAMPLE RECEIPT 20-11-19 WHOLE
DATE OF SAMPLE EXTRACTION 22-11-19 SAMPLE EXTRACTION METHOD SOP172
SAMPLE STORAGE and CONDITION FROZEN
PORTION OF SAMPLE TO BE EXTRACTED INTESTINES
WEIGHT OF SAMPLE USED IN EXTRACTION 9-193g

ANALYSIS

METHOD OF ANALYSIS SOP 191
CLEAN UP REQUIRED Y/N SOP 172
METHOD OF DETERMINATION AND DETECTION METHOD Agilent 1270 + SCIEX QTRAP QTOF
6500/6600
RECOVERY >99.8%
INTERNAL STANDARD Y/N ✓
EXTERNAL STANDARD Y/N ✓ TYPE PESTANAL
BATCH NUMBER
LIMIT of DETCTION 0.001ppm REPEATABILITY. 99.91%

RESULTS

NONE DETECTED

Technician ●

Supervisor ●

23-11-19

REPORT ON PESTICIDE RESIDUE

ANALYTICAL REPORT.

SAMPLE IDENTITY 191115-3K SAMPLE TYPE RAT
DATE OF SAMPLE RECEIPT 20-11-19 WHOLE
DATE OF SAMPLE EXTRACTION 22-11-19 SAMPLE EXTRACTION METHOD SOP172
SAMPLE STORAGE and CONDITION FROZEN
PORTION OF SAMPLE TO BE EXTRACTED INTESTINES
WEIGHT OF SAMPLE USED IN EXTRACTION 8-164g

ANALYSIS

METHOD OF ANALYSIS SOP 191
CLEAN UP REQUIRED Y/N SOP 172
METHOD OF DETERMINATION AND DETECTION METHOD Agilent 1270 + SCIEX QTRAP QTOF 6500/6600
RECOVERY >99.8%
INTERNAL STANDARD Y/N
EXTERNAL STANDARD Y/N TYPE PESTANAL
Batch Number
LIMIT of DETCTION 0.001ppm REPEATABILITY. 99.91%

RESULTS

FLUOROACETATE 11 ppm
FLUOROCITRATE 119 ppm
FT-IR + RAMAN SHOWED PRESENCE OF TRIACETYL
GREEN DYE

Technician ●

Supervisor ●

23-11-19

REPORT ON PESTICIDE RESIDUE

ANALYTICAL REPORT.

SAMPLE IDENTITY 19115-3K SAMPLE TYPE RAT
DATE OF SAMPLE RECEIPT 20-11-19 WHOLE
DATE OF SAMPLE EXTRACTION 22-11-19 SAMPLE EXTRACTION METHOD SOP172
SAMPLE STORAGE and CONDITION FROZEN
PORTION OF SAMPLE TO BE EXTRACTED STOMACH
WEIGHT OF SAMPLE USED IN EXTRACTION 9-319g

ANALYSIS

METHOD OF ANALYSIS SOP 191
CLEAN UP REQUIRED Y/N SOP 172
METHOD OF DETERMINATION AND DETECTION METHOD Agilent 1270 + SCIEX QTRAP QTOF 6500/6600
RECOVERY >99.8%
INTERNAL STANDARD Y/N
EXTERNAL STANDARD Y/N TYPE PESTANAL
Batch Number
LIMIT of DETCTION 0.001ppm REPEATABILITY. 99.91%

RESULTS

FLUOROACETATE 21ppm
FLUOROCITRATE 312 ppm
FT-IR + RAMAN SHOWED PRESENCE OF TRIARYLIC GREEN DYE

Technician ●

Supervisor ●

23-11-19

REPORT ON PESTICIDE RESIDUE

ANALYTICAL REPORT.

SAMPLE IDENTITY 191115-3 J

SAMPLE TYPE RAT
WHOLE

DATE OF SAMPLE RECEIPT 20-11-19

DATE OF SAMPLE EXTRACTION 22-11-19

SAMPLE EXTRACTION METHOD SOP172

SAMPLE STORAGE and CONDITION FROZEN

PORTION OF SAMPLE TO BE EXTRACTED STOMACH

WEIGHT OF SAMPLE USED IN EXTRACTION

7-119g

ANALYSIS

METHOD OF ANALYSIS

SOP 191

CLEAN UP REQUIRED Y/N

SOP 172

METHOD OF DETERMINATION AND DETECTION METHOD Agilent 1270 + SCIEX QTRAP QTOF
6500/6600

RECOVERY

>99.8%

INTERNAL STANDARD Y/N

EXTERNAL STANDARD Y/N

TYPE PESTANAL

Batch Number

LIMIT of DETCTION 0.001ppm

REPEATABILITY. 99.91%

RESULTS

FLUOROCITRATE

14 ppm

Technician

Supervisor

23-11-19

REPORT ON PESTICIDE RESIDUE

ANALYTICAL REPORT.

SAMPLE IDENTITY 19115-3J

SAMPLE TYPE

RAT
WHOLE

DATE OF SAMPLE RECEIPT 20-11-19

DATE OF SAMPLE EXTRACTION 22-11-19

SAMPLE EXTRACTION METHOD SOP172

SAMPLE STORAGE and CONDITION FROZEN

PORTION OF SAMPLE TO BE EXTRACTED INTESTINES

WEIGHT OF SAMPLE USED IN EXTRACTION 8-376g

ANALYSIS

METHOD OF ANALYSIS

SOP 191

CLEAN UP REQUIRED Y/N

SOP 172

METHOD OF DETERMINATION AND DETECTION METHOD Agilent 1270 + SCIEX QTRAP QTOF
6500/6600

RECOVERY

>99.8%

INTERNAL STANDARD Y/N

EXTERNAL STANDARD Y/N

TYPE PESTANAL

Batch Number

LIMIT of DETCTION 0.001ppm

REPEATABILITY. 99.91%

RESULTS

FLUOROCITRATE

3ppm

FT-IR + RAMAN

SHOWED PRESENCE OF TRIALIN
GREEN DYE

Technician

Supervisor

23-11-19



Rat sample from North Beach, Westport