

Porcine Submission Form

Clinic: _____ Address: _____ Email: _____ Phone: _____ Veterinarian: _____ Submitters Signature: _____ Additional Contacts' Emails: _____	Owner/Farm Name: _____ Location/Premise ID: _____ Animal ID: _____ Species: _____ Breed: _____ Fetal Gestational Age: _____ Age: _____ Age Unit (d/w/m/y): _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> MN <input type="checkbox"/> F <input type="checkbox"/> FS <input type="checkbox"/> Unknown <input type="checkbox"/> Breeder/Gestation <input type="checkbox"/> Farrowing <input type="checkbox"/> Nursery <input type="checkbox"/> Grower-Finisher <input type="checkbox"/> Boar Stud <input type="checkbox"/> Backyard/Pet
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Rabies Suspect
 Other Zoonotic Suspect, Specify: _____
 Legal Case[±]
 Insurance Case[±]

Diagnostic
 Surveillance/Monitoring
 Export/Sales

Sample Type	Number of Samples Submitted	Received (lab use only)
Blood		
Feces		
Fluid		
Fixed Tissue		
Fresh Tissue		
Serum		
Slide		
Swab		
Urine		
Whole Body		
Other:		

Bill To: Clinic

Internal Account (choose from the below)

4th Year Student, please indicate name: _____

UCVM Intern, please indicate name: _____

Research, provide name and account string: _____

Scholarly Activity, please indicate name: _____

Date Sample Collected: _____

History (including treatments):

Previous related DSU case number(s): _____

Presumptive Diagnosis: _____

Anatomic Pathology*

Surgical biopsy, site: _____

Necropsy – field

Necropsy – whole body

Necropsy – fetal

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Bacteriology/Mycology

Specimen & site: _____

Routine culture & susceptibility

Fungal culture

Clostridium difficile culture

Clostridium fluorescent antibody test

Other: _____

Cytology

Site(s): _____

Fluid

Smear (FNA, impression)

Blood smear review

Send Out Tests

Other, specify: _____

Anatomic Pathology Additional Information

Number of animals submitted: _____ Date of death: _____

Number of animals at risk: _____ Number of animals sick: _____ Number of animals dead: _____

Vaccinated? Unknown No Yes, please specify: _____

Feed, water source, minerals, supplements:

Recent additions/changes:

Euthanized? No Yes, specify method/route: _____

Fresh tissues submitted (please list): _____

Fixed tissues submitted (please list): _____

Additional tests requested: _____

Post-mortem findings:



Multiple Animal Additional Information

	Animal ID	Age	Sex	Sample Type	Test(s) Required
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					
11)					
12)					
13)					
14)					
15)					

PLEASE NOTE: SAMPLES SUBMITTED FOR TESTING BECOME THE PROPERTY OF THE UCVM AND MAY BE USED FOR EDUCATIONAL PURPOSES.

The submitting veterinarian is responsible for the requested tests, fees associated with the submission, and for all communication with the owner. The submitter acknowledges and agrees that the DSU may share test results and contact information necessary for the purpose of relevant federal and provincial legislation regarding reportable or notifiable diseases and for the purpose of surveillance of animal or public health in Alberta.