

# DSU SUBMISSION FORM

## COMPANION & EXOTIC ANIMAL

### DIAGNOSTIC SERVICES UNIT

Spy Hill Campus, 11877 85th Street, NW, Calgary, AB, T3R 1J3

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**BILL TO:**      **Clinic**      **Student account**      **Intern account**      **Research account (provide #):**

**Other (specify):**

Legal case\*      Insurance case\*

Zoonotic suspect (specify):

\* Additional charges apply

Cremation required?:

No (dispose of body at UCMV)

Yes - Provide name of external cremation service to use:

UCVM 4th year student(s) involved in case:

UCVM intern(s) involved in case:

Veterinarian:

Owner Name:

Clinic Name:

Animal name / ID:

Address:

Email:

Species:

Phone:

Fax:

Breed:

Submitting Veterinarian Signature:

Color:

Age:

Sex:      Male      MN      Female      FS      Unknown

### SAMPLING INFORMATION

Date of death:

Date specimen(s) taken:

Number (or %) of animals sick:

No.(or %) of animals dead:

Number of animals at risk:

Number of animals submitted:

Vaccinated?

Unknown

No

Yes - If yes, specify:

Treatment:

None

Antibiotic

Fluids

Anti-inflammatory

Other (specify):

Euthanized?

No

Yes - If yes, include method/route:

Have previous specimens/animals been submitted for this problem?

No

Yes

Unknown

If yes, enter DSU case ID number(s):

## **PATHOLOGY**

Whole body submission      Tissue(s) from necropsy

Tissue(s) from surgical biopsy

Fixed tissues submitted:

Fresh tissues submitted:

Biopsy site:

Other sample type (specify):

## **BACTERIOLOGY**

Date sample collected:

Specimen site(s):

Routine culture & sensitivity

Anaerobic culture

Fungal culture

Other (specify):

Agent(s) suspected:

## **PRESUMPTIVE CLINICAL DIAGNOSIS (QUESTIONS YOU WANT ANSWERED):**

## **HISTORY**

Please provide concise description of clinical signs, duration, treatment, CBC/serum biochemistry results, post-mortem findings, imaging etc. DO NOT attach the complete medical record.

Additional information or instructions:

**PLEASE NOTE:** SAMPLES SUBMITTED FOR TESTING BECOME THE PROPERTY OF THE UCMV 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.

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