

Research Submission Form

<p>Principle Investigator: _____</p> <p>Submitted By: _____</p> <p>Address: _____</p> <p>Email: _____</p> <p>Phone: _____</p> <p>Submitters Signature: _____</p>	<p>Billing Information</p> <p style="background-color: yellow; font-weight: bold;">*WORK WILL NOT BEGIN UNTIL FULL BILLING INFORMATION IS PROVIDED*</p> <p>Fund: _____</p> <p>Department ID: _____</p> <p>Project Number: _____</p> <p>Internal Account: _____</p>
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<p>Number of Samples Submitted:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 25%;">Sample Type</th> <th style="width: 25%;">Number of Samples Submitted</th> <th style="width: 25%;">Received (lab use only)</th> </tr> </thead> <tbody> <tr><td>Block</td><td></td><td></td></tr> <tr><td>Slide</td><td></td><td></td></tr> <tr><td>Fluid</td><td></td><td></td></tr> <tr><td>Fresh Tissue</td><td></td><td></td></tr> <tr><td>Fixed Tissue</td><td></td><td></td></tr> <tr><td>Whole Body</td><td></td><td></td></tr> <tr><td>Feces</td><td></td><td></td></tr> <tr><td>Swab</td><td></td><td></td></tr> <tr><td>Blood</td><td></td><td></td></tr> <tr><td>Urine</td><td></td><td></td></tr> <tr><td>Other:</td><td></td><td></td></tr> </tbody> </table>	Sample Type	Number of Samples Submitted	Received (lab use only)	Block			Slide			Fluid			Fresh Tissue			Fixed Tissue			Whole Body			Feces			Swab			Blood			Urine			Other:			<p>Animal Identification Number (s): _____</p> <p style="font-weight: bold;">*See second page to provide key for multiple samples – use additional pages as needed *</p> <p>Species: _____</p> <p>Breed/Strain: _____</p> <p>Additional Information or Special Requests (eg. embedding orientation instructions)</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Feces																																					
Swab																																					
Blood																																					
Urine																																					
Other:																																					

<p><u>Necropsy Laboratory:</u></p> <p><input type="checkbox"/> Technical Assistance</p> <p><input type="checkbox"/> Room Use</p> <p><input type="checkbox"/> Carcass Disposal</p> <p><input type="checkbox"/> Lab Supplies</p> <p><input type="checkbox"/> Other (Specify): _____</p>	<p><u>Histology</u></p> <p>Tissue types (s) submitted: _____</p> <p>Type of Fixative: _____</p> <p>Work Needed By (date): _____</p> <p>Work Requested:</p> <p><input type="checkbox"/> Trimming</p> <p><input type="checkbox"/> Processing</p> <p><input type="checkbox"/> Embedding</p> <p><input type="checkbox"/> Sectioning</p> <p><input type="checkbox"/> H&E Stained Slides Per Block x _____</p> <p><input type="checkbox"/> Unstained Slides Per Block x _____</p> <p><input type="checkbox"/> Other (eg. Special Stains): _____</p> <p>_____</p> <p>_____</p>	<p><u>Bacteriology/Mycology</u></p> <p>Specimen & Site: _____</p> <p>Date Sample Collected: _____</p> <p>Agent (s) Suspected: _____</p> <p>Work Requested:</p> <p><input type="checkbox"/> Routine Culture & Susceptibility</p> <p><input type="checkbox"/> Anaerobic Culture</p> <p><input type="checkbox"/> Fungal Culture</p> <p><input type="checkbox"/> Other (Specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><u>Cytology</u></p> <p>Site(s): _____</p> <p><input type="checkbox"/> Fluid</p> <p><input type="checkbox"/> Smear (FNA, impression)</p> <p><input type="checkbox"/> Blood Smear Review</p> <p><input type="checkbox"/> Urine, method of collection: _____</p> <p>_____</p>		

LAB USE ONLY Case Number: Date:
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Research Additional Information

Sample Number	Animal ID
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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.