



## Bovine Submission Form

Clinic: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Veterinarian: \_\_\_\_\_  
 Submitters Signature: \_\_\_\_\_  
 Additional Contacts Email: \_\_\_\_\_

Owner/Farm Name: \_\_\_\_\_  
 Location/Premise ID: \_\_\_\_\_  
 Animal ID: \_\_\_\_\_ Species: \_\_\_\_\_  
 Breed: \_\_\_\_\_ Fetal Gestational Age: \_\_\_\_\_  
 Age: \_\_\_\_\_ Age Unit (d/w/m/y): \_\_\_\_\_  
 Sex:  M  MN  F  FS  Unknown  
 Beef  Dairy  Other, specify: \_\_\_\_\_  
 Production Stage: \_\_\_\_\_

Rabies Suspect  Other Zoonotic Suspect, Specify: \_\_\_\_\_  Legal Case<sup>±</sup>  Insurance Case<sup>±</sup>

Diagnostic  
 Surveillance/Monitoring  
 Export/Sales

Bill To:  Clinic  
 Internal Account (choose from the below)  
 4<sup>th</sup> Year Student, please indicate name: \_\_\_\_\_  
 UCVM Intern, please indicate name: \_\_\_\_\_  
 Research, provide name and account string: \_\_\_\_\_  
 Scholarly Activity, please indicate name: \_\_\_\_\_

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

**History (including treatments):**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date Sample Collected: \_\_\_\_\_

Previous related DSU case number(s): \_\_\_\_\_

**Presumptive Diagnosis:**  
 \_\_\_\_\_

**Anatomic Pathology\***  
 Surgical biopsy, site:  
 Necropsy – field  
 Necropsy – whole body  
 Permission to run C & S on up to 3 tissues at discretion of the pathologist (\$75 charge)  
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**Bacteriology/Mycology**  
 Specimen & site:  
 Routine culture & susceptibility  
 Fungal culture  
 Mastitis culture  
 Clostridium fluorescent antibody test  
 Other:

**Parasitology**  
 Centrifugal Fecal Floatation  
 Fecal Egg Count (Wisconsin)

**Serology**  
 Bovine Leukemia Virus (BLV)  
 Johne's Disease  
 *Neospora caninum*

**Cytology**  
 Site(s):  
 Fluid  
 Smear (FNA, impression)  
 Blood smear review  
 Urine, method of collection:

**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:

**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.