Diagnostic Services Unit Spyhill Campus, Clinical Skills Building 11877 85 Street NW, Calgary, AB, T3R 1J3 Phone: 403-220-2806 Email: dsu@ucalgary.ca

LAB USE ONLY Case Number: Date:

Bovine Submission Form

Clinic:		Owner/Fa	Owner/Farm Name:			
Address:		Location/	Location/Premise ID:			
Email:			Animal ID: Species:			
			Breed: Fetal Gestational Age:			
Phone:			Age: Age Unit (d/w/m/y):			
Veterinarian:			Sex: 🗆 M 🗆 MN 🗆 F 🗆 FS 🗆 Unknown			
Submitters Signature:						
Additional Contacts Email:						
Production Stage:						
□ Rabies Suspect □ Other Zoonotic Suspect, Specify: □ Legal Case [±] □ Insurance Case [±]						
Diagnostic	Bill To: 🗆 Clinic					
□ Surveillance/Monitoring	□ Internal Account (choose from the below)					
□ Export/Sales	□ 4 th Year Student, please indicate name:					
Sample Number of Received Type Samples (lab use	UCVM Intern, please indicate name:					
Submitted only)	□ Rese	arch, provide name	and account string	•		
Blood Feces	□ Scholarly Activity, please indicate name:					
Fluid						
Fixed	History (including treat	ments):				
Tissue Fresh						
Tissue						
Serum						
Slide Swab						
Urine						
Whole						
Body Other:						
Date Sample Collected:						
	Previous related DSU case number(s):					
Presumptive Diagnosis:						
Anatomic Pathology*	Bacteriology/Mycology	<u>Parasitology</u>	<u>Serology</u>	<u>Cytology</u>	<u>Send Out Tests</u>	
□ Surgical biopsy, site:	Specimen & site:	Fecal Float	□ Bovine	Site(s):	□ Other, specify:	
🗆 Nacropsy – field		(qualitative) □ Fecal Egg	Leukemia Virus			
Necropsy – field	Routine culture & susceptibility	Count (Wisconsin,	(BLV)	🗆 Fluid		
Necropsy – whole body	□ Fungal culture	individual)	□ Johne's			
Permission to run C & S on up to 3 tissues at	□ Mastitis culture	Count (McMaster,	Disease	□ Smear (FNA, impression)		
discretion of the	□ Clostridium fluorescent	individual)	Neospora caninum	Blood smear review		
pathologist . (\$75 charge	antibody test	 Fecal Egg Count (McMaster, 	cumum	Urine, method of		
or \$55 for AB Supported) <mark>*Proceed to page 2</mark>	□ Other:	pooled)		collection:		
- rocceu to puge 2		Page 1 of 2				

 $\pm \, \text{additional fees apply}$



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Anatomic Pathology Additional Information

Number of animals submitted:	Date of death:				
Number of animals at risk: Number of animals signature of animals and signature of animals signature of animals signature of animals signature of animals and signat	ck: 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.