

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:			
		Animal ID: Species:				
Email:		Breed:	ed: Fetal Gestational Age:			
Phone:			Age: Age Unit (d/w/m/y):			
Veterinarian:						
Submitters Signature:			Sex: M MN F FS Unknown			
Additional Contacts Email:			☐ Beef ☐ Dairy ☐ Other, specify:			
		Productio	on Stage:			
☐ Rabies Suspect ☐ Other Zoonotic Suspect, Specify:				☐ Legal Case [±] ☐	Insurance Case [±]	
☐ Diagnostic	Bill To: Clinic					
□ Surveillance/Monitoring □ Internal Account (choose from the below)						
			ent, please indicate name:			
Sample Number of Received	☐ UCVM Intern, please indicate name:					
Type Samples (lab use Submitted only)						
Blood	☐ Research, provide name and account string:					
Feces	☐ Scho	larly Activity, please	indicate name:			
Fluid	History (including treat	ments):				
Fixed 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	Parasitology	<u>Serology</u>	Cytology	Send Out Tests	
☐ Surgical biopsy, site:	Specimen & site:	☐ Routine Fecal	☐ Bovine	Site(s):	☐ Other, specify:	
□ Necropsy – field	☐ Routine culture &	☐ Fecal Egg	Leukemia Virus (BLV)			
☐ Necropsy – whole body	susceptibility	Count, individual ☐ Fecal Egg	, ,	☐ Fluid		
☐ Permission to run C & S	☐ Fungal culture	Count, pooled	☐ Johne's Disease	☐ Smear (FNA,		
on up to 3 tissues at	☐ Mastitis culture	☐ Other:		impression)		
discretion of the	☐ Clostridium fluorescent					
pathologist . (\$75 charge	antibody test		Cammann	☐ Urine, method of		
or \$55 for AB Supported) *Proceed to page 2	☐ Other:			collection:		
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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:						