



## 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: \_\_\_\_\_ ☐ Criminal-Legal Case<sup>^</sup> ☐ Medicolegal Case<sup>±</sup> ☐ Insurance Case<sup>±</sup>

- ☐ Diagnostic  
☐ Surveillance/Monitoring  
☐ Export/Sales

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

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

Bill To: ☐ Clinic

☐ Internal Account (choose from the below)

☐ 4<sup>th</sup> Year Student, please indicate name: \_\_\_\_\_

☐ UCVI Intern, please indicate name: \_\_\_\_\_

☐ Research, provide name and account string: \_\_\_\_\_

☐ Scholarly Activity, please indicate name: \_\_\_\_\_

Relevant History, including treatments (*please do NOT attach medical records*):

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 or \$55 for AB Supported)

**\*Proceed to page 2**

#### Bacteriology/ Mycology

Specimen & site:

- ☐ Routine culture & susceptibility
- ☐ Fungal culture
- ☐ Mastitis culture
- ☐ Clostridium fluorescent antibody test
- ☐ Other:

#### Cytology

Site(s):

- ☐ Fluid
- ☐ Smear (FNA, impression)
- ☐ Blood smear review
- ☐ Urine, method of collection:

#### Panels

Coming soon!

#### Parasitology

- ☐ Routine fecal float
- ☐ Fecal egg count, individual
- ☐ Fecal egg count, pooled
- ☐ Cryptosporidium/ Giardia FA Test

#### PCR

Coming soon!

#### Serology

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

#### 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: \_\_\_\_\_

UID (for BSE surveillance candidates only): \_\_\_\_\_

**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.