



Porcine 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
 Breeder/Gestation Farrowing Nursery
 Grower-Finisher Boar Stud Backyard/Pet

Rabies Suspect Other Zoonotic Suspect, Specify: _____ Legal Case[±] Insurance Case[±]

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:		

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

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 or \$55 for AB Supported)
**Proceed to page 2*

Bacteriology/Mycology

Specimen & site: _____

Routine culture & susceptibility
 Fungal culture
 Clostridium difficile culture
 Clostridium fluorescent antibody test
 Other: _____

Cytology

Site(s): _____

Fluid
 Smear (FNA, impression)
 Blood smear review

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.