

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: <input type="checkbox"/> M <input type="checkbox"/> MN <input type="checkbox"/> F <input type="checkbox"/> FS <input type="checkbox"/> Unknown <input type="checkbox"/> Breeder/Gestation <input type="checkbox"/> Farrowing <input type="checkbox"/> Nursery <input type="checkbox"/> Grower-Finisher <input type="checkbox"/> Boar Stud <input type="checkbox"/> Backyard/Pet
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☐ Rabies Suspect ☐ Other Zoonotic Suspect, Specify: _____ ☐ Criminal-Legal Case^{A±} ☐ Medicolegal Case[±] ☐ Insurance Case[±]

<input type="checkbox"/> Diagnostic <input type="checkbox"/> Surveillance/Monitoring <input type="checkbox"/> Export/Sales	Bill To: <input type="checkbox"/> Clinic <input type="checkbox"/> Internal Account (choose from the below) <input type="checkbox"/> 4 th Year Student, please indicate name: _____ <input type="checkbox"/> UCVI Intern, please indicate name: _____ <input type="checkbox"/> Research, provide name and account string: _____ <input type="checkbox"/> Scholarly Activity, please indicate name: _____
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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: _____

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

Previous related DSU case number(s): _____

Presumptive Diagnosis:

<u>Anatomic Pathology*</u> <input type="checkbox"/> Surgical biopsy, site: <input type="checkbox"/> Necropsy – field <input type="checkbox"/> Necropsy – whole body <input type="checkbox"/> 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	<u>Bacteriology/ Mycology</u> Specimen & site: <input type="checkbox"/> Routine culture & susceptibility <input type="checkbox"/> Fungal culture <input type="checkbox"/> Clostridium difficile culture <input type="checkbox"/> Clostridium fluorescent antibody test <input type="checkbox"/> Other:	<u>Cytology</u> Site(s): <input type="checkbox"/> Fluid <input type="checkbox"/> Smear (FNA, impression) <input type="checkbox"/> Blood smear review	<u>Panels</u> <i>Coming soon!</i>	<u>Parasitology</u> <i>Coming soon!</i>	<u>PCR</u> PCV2/PCV3 PRRS, individual PRRS, pooled	<u>Send Out Tests</u> <input type="checkbox"/> Other, specify:
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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:

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.