

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: _____

☐ Criminal-Legal Case^{A±} ☐ Medicolegal 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:		

Date Sample Collected: _____

Bill To: ☐ Clinic

☐ Internal Account (choose from the below)

☐ 4th 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*	Bacteriology/ Mycology	Cytology	Serology	Parasitology	PCR	Send Out Tests
☐ 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	Specimen & site: Routine culture & susceptibility Fungal culture <i>Clostridium difficile</i> culture <i>Clostridium</i> FAT Other:	Site(s): ☐ Fluid ☐ Smear (FNA, impression) ☐ Blood smear review	<i>Mycoplasma hyopneumoniae</i> PRRS	Coming soon!	PCV2/PCV3, individual PCV2/PCV3, pooled PRRS, individual PRRS, pooled Rotavirus A/B/C	☐ 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.