UNIVERSITY OF CALGARY
FACULTY OF VETERINARY MEDICINE

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:

Small Ruminant 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
☐ Dairy ☐ Meat ☐ Wool ☐ Pet

☐ **Rabies Suspect** ☐ **Other Zoonotic Suspect, Specify:** _____ ☐ **Criminal-Legal Case^±** ☐ **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: _____
☐ UCVM 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:
☐ Bacterial C&S
☐ *Listeria* culture
☐ Fungal culture
☐ Mastitis culture
☐ *C. difficile* culture
☐ *Clostridium* FAT
☐ Other:

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

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

PCR
☐ Cache Valley Virus
☐ *Chlamydia abortus*
☐ *Coxiella burnetii*
☐ *Cryptosporidium* spp.
☐ *E.coli* enteric virotyping**
☐ *Neospora caninum*
☐ Johne's Disease, indiv.
☐ Johne's Disease, pooled
☐ Test pos. pools individually

***Isolate from bacterial culture required*

Panels
☐ Ruminant diarrhea panel

Serology
☐ Johne's Disease
☐ Small Ruminant Lentiviruses

Send Out Tests
☐ Other, specify:

^ call prior to submission
± additional fees apply

Version Date: September 8, 2026

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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:

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Case Number:
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Multiple Animal Additional Information

	Animal ID	Age	Sex	Sample Type	Test(s) Required
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					
11)					
12)					
13)					
14)					
15)					

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.