



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: <input type="checkbox"/> M <input type="checkbox"/> MN <input type="checkbox"/> F <input type="checkbox"/> FS <input type="checkbox"/> Unknown <input type="checkbox"/> Dairy <input type="checkbox"/> Meat <input type="checkbox"/> Wool <input type="checkbox"/> Pet
--	---

Rabies Suspect Other Zoonotic Suspect, Specify: _____ Legal 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)																																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Sample Type</th> <th style="width: 15%;">Number of Samples Submitted</th> <th style="width: 15%;">Received (lab use only)</th> </tr> </thead> <tbody> <tr><td>Blood</td><td></td><td></td></tr> <tr><td>Feces</td><td></td><td></td></tr> <tr><td>Fluid</td><td></td><td></td></tr> <tr><td>Fixed Tissue</td><td></td><td></td></tr> <tr><td>Fresh Tissue</td><td></td><td></td></tr> <tr><td>Serum</td><td></td><td></td></tr> <tr><td>Slide</td><td></td><td></td></tr> <tr><td>Swab</td><td></td><td></td></tr> <tr><td>Urine</td><td></td><td></td></tr> <tr><td>Whole Body</td><td></td><td></td></tr> <tr><td>Other:</td><td></td><td></td></tr> </tbody> </table>	Sample Type	Number of Samples Submitted	Received (lab use only)	Blood			Feces			Fluid			Fixed Tissue			Fresh Tissue			Serum			Slide			Swab			Urine			Whole Body			Other:			<input type="checkbox"/> 4 th Year Student, please indicate name: _____ <input type="checkbox"/> UCVM Intern, please indicate name: _____ <input type="checkbox"/> Research, provide name and account string: _____ <input type="checkbox"/> Scholarly Activity, please indicate name: _____
Sample Type	Number of Samples Submitted	Received (lab use only)																																			
Blood																																					
Feces																																					
Fluid																																					
Fixed Tissue																																					
Fresh Tissue																																					
Serum																																					
Slide																																					
Swab																																					
Urine																																					
Whole Body																																					
Other:																																					

History (including treatments):

Previous related DSU case number(s): _____

Date Sample Collected:	
-------------------------------	--

Presumptive Diagnosis:

Anatomic Pathology* <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) *Proceed to page 2	Bacteriology/Mycology Specimen & site: <input type="checkbox"/> Routine culture & susceptibility <input type="checkbox"/> Fungal culture <input type="checkbox"/> Mastitis culture <input type="checkbox"/> Clostridium fluorescent antibody test <input type="checkbox"/> Other:	Serology <input type="checkbox"/> Johne's Disease <input type="checkbox"/> Small Ruminant Lentiviruses	Cytology Site(s): <input type="checkbox"/> Fluid <input type="checkbox"/> Smear (FNA, impression) <input type="checkbox"/> Blood smear review <input type="checkbox"/> Urine, method of collection:	Send Out Tests <input type="checkbox"/> 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.