



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)
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Blood		
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Feces		
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Fluid		
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Fixed Tissue		
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Fresh Tissue		
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Serum		
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Slide		
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Swab		
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Urine		
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Whole Body		
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Other:		
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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*

☐ 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
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
E. coli enteric virotyping**

****Isolate from bacterial culture required**

Serology

☐ Johne's Disease
☐ Small Ruminant Lentiviruses

Panels

Ruminant diarrhea panel (C&S, PCR - Rotavirus/Coronavirus & E. coli enteric virotyping, Fecal float, Cryptosporidium/Giardia FA)

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.