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:		Owner	Owner/Farm Name:			
Address:		Locatio	Location/Premise ID:			
Email:		Anima	Animal ID: Species:			
Phone:			Breed: Fetal Gestational Age:			
Veterinarian:			Age: Age Unit (d/w/m/y):			
Submitters Signature:Additional Contacts Email:			Sex: 🗆 M 🗆 MN 🔅 F 🔅 FS 🔅 Unknown			
Additional Contacts Email:	ry 🗆 Meat 🗆 W	ool 🗆 Pet				
□ Rabies Suspect □ Other Zoonotic Suspect, Specify: □ Legal Case <sup>±</sup> □ Insurance Case <sup>±</sup>					nsurance Case <sup>±</sup>	
Diagnostic	Bill To: 🗆 Clinic					
□ Surveillance/Monitoring	Internal Account (choose from the below)					
□ Export/Sales	□ 4 <sup>th</sup> Year Student, please indicate name:					
Sample Number of Received Type Samples (lab use	UCVM Intern, please indicate name:					
Submitted only) Blood						
Feces	□ Scholarly Activity, please indicate name:					
Fluid						
Fixed Tissue	History (including trea	itments):				
Fresh						
Tissue Serum						
Slide						
Swab						
Urine						
Whole						
Body Other:						
Date Sample Collected:						
	Previous related DSU case number(s):					
Presumptive Diagnosis:						
Anatomic Pathology*	Bacteriology/Mycology	<u>Parasitology</u>	<u>Serology</u>	<u>Cytology</u>	Send Out	
□ Surgical biopsy, site:	Specimen & site:	Fecal Float	Johne's Disease	Site(s):	<u>Tests</u>	
		(qualitative)	Small		🗆 Other,	
Necropsy – field	□ Routine culture &	<ul> <li>Fecal Egg Count</li> <li>(Wisconsin,</li> </ul>	L Sman Ruminant		specify:	
Necropsy – whole body	susceptibility	individual)	Lentiviruses	Fluid		
□ Permission to run C & S	Fungal culture	□ Fecal Egg		Smear (FNA,		
on up to 3 tissues at discretion of the	□ Mastitis culture	Count (McMaster, individual)		impression)		
pathologist (\$75 charge	□ Clostridium fluorescent	□ Fecal Egg		□ Blood smear review		
or \$55 for AB Supported)	antibody test	Count (McMaster, pooled)		Urine, method of		
*Proceed to page 2	L Other:	pooled)		collection:		

 $\pm \, \text{additional fees apply}$ 



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## **Anatomic Pathology Additional Information**

Number of animals submitted:	Date of death:					
Number of animals at risk: Number of animals sig	ck: 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.