

# Mammalian Submission Form



Ministry of Agriculture and Food

## ANIMAL HEALTH CENTRE

Ministry of Agriculture and Food  
 1767 Angus Campbell Road Abbotsford, BC V3G 2M3  
 604-556-3003 1-800-661-9903  
 Fax: 604-556-3010 Email: PAHB@gov.bc.ca

*For AHC use only*

Case #/Coord: \_\_\_\_\_  
 Entered By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Verified By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Sent time: \_\_\_\_\_ PM: \_\_\_\_\_ SLAB: \_\_\_\_\_

AAVLD Accredited Laboratory

Please fill out form as completely as possible to avoid testing delays.

Ensure all required information (indicated by \*) is completed. Samples with incomplete forms will not be tested.

Submitted By: <input type="checkbox"/> Owner <input type="checkbox"/> Vet Clinic <input type="checkbox"/> Other (fill out info →)	<b>Submitter and/or billing information:</b> Name: _____ Address: _____ City: _____ Postal Code: _____ Phone: _____ Email (or Fax): _____
Reports† To: <input type="checkbox"/> Owner <input type="checkbox"/> Vet Clinic <input type="checkbox"/> Other (fill out info →)	
Bill To: <input type="checkbox"/> Owner <input type="checkbox"/> Vet Clinic <input type="checkbox"/> Other (fill out info →) † Reports will be sent by email (or fax) to each of the parties indicated above. Preliminary reports will be sent to Vet Clinic unless otherwise specified.	
Client Reference Number: _____	
Insurance Claim? <input type="checkbox"/> Yes Possible Litigation? <input type="checkbox"/> Yes	
<b>*Owner:</b>	<b>Veterinarian:</b>
<b>Farm Name:</b>	Vet Clinic: _____
<b>*Address:</b>	Address: _____
<b>*City:</b> _____ <b>*Postal Code:</b> _____	City: _____ Postal Code: _____
<b>*Phone:</b>	Phone: _____
Email (or Fax): _____	Email (or Fax): _____

**\*Species:** \_\_\_\_\_ **\*Breed:** \_\_\_\_\_ **\*Age:** \_\_\_\_\_ indicate units  D  W  M  Y

**\*Sex**  M  F  M/N  F/S

Animal ID/Name: \_\_\_\_\_ Tattoo/Tag No: \_\_\_\_\_ CCIA Tag No: \_\_\_\_\_

No. Submitted Dead: \_\_\_\_\_ Date Animal(s) Died: \_\_\_\_\_

**History**

Please concisely describe the circumstances surrounding the illness or death in the submitted animal(s).  
 (i.e. Describe clinical signs, date of onset, housing, production level, treatments given, etc.):

Condition suspected: \_\_\_\_\_ Related previous case(s) Animal Health Centre number(s): \_\_\_\_\_

**\*Specimen(s) Submitted:**

Indicate number of specimens:	Whole Animal ____ Blood ____ Serum ____ Fetus ____ Placenta ____ Feces ____ Urine ____ Swabs ____ Milk ____ Other _____	Date Collected: _____
Fresh Tissues:	Brain ____ Heart ____ Lung ____ Kidney ____ Placenta ____ Muscle ____ Stomach ____ Intestine ____ Liver ____ Spleen ____ Other _____	Date Collected: _____
Fixed Tissues:	Brain ____ Heart ____ Lung ____ Kidney ____ Placenta ____ Muscle ____ Stomach ____ Intestine ____ Liver ____ Spleen ____ Other _____	Date Collected: _____

# Mammalian Submission Form

**Presenting Complaint:**

<input type="checkbox"/> Abortion	<input type="checkbox"/> Diarrhea/Enteric	<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/> Neurological	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Neoplasia
<input type="checkbox"/> Sudden Death	<input type="checkbox"/> Unthriftiness	<input type="checkbox"/> Urinary	<input type="checkbox"/> Reproductive	<input type="checkbox"/> Other (Please specify in <i>History</i> section)	
Treatments:	<input type="checkbox"/> None	<input type="checkbox"/> Antibiotics	<input type="checkbox"/> Fluids	<input type="checkbox"/> Anti-inflammatories	<input type="checkbox"/> Other (Please specify in <i>History</i> section)
Vaccinated?	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes	Specify: _____	
Euthanized?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Specify Method: _____		

**Additional Information** (please include as much information as possible if applicable)

No. in Group: _____	No. (or %) Sick: _____	No. (or %) Dead: _____	Duration of Illness: _____	
Cattle: <input type="checkbox"/> Dairy	<input type="checkbox"/> Cow/Calf	<input type="checkbox"/> Veal	<input type="checkbox"/> Feedlot	
Swine: <input type="checkbox"/> Farrow	<input type="checkbox"/> Nursery	<input type="checkbox"/> Weaner	<input type="checkbox"/> Grower	<input type="checkbox"/> Feeder
Horse: <input type="checkbox"/> Racehorse	<input type="checkbox"/> Pleasure			
Ration Type: _____	Describe: _____			

**\*Services Requested:** *\*For a full list of tests and fees please visit <http://www.gov.bc.ca/animalhealthcentre>*

<input type="checkbox"/> <b>Post Mortem examination</b>	<i>add</i> <input type="checkbox"/> <b>Neurologic examination</b> <small>(Spinal cord)</small>	<i>or</i> <input type="checkbox"/> <b>Necropsy Post Mortem Diagnostic Package</b> <small>(On tissues for necropsies conducted outside of the AHC)</small>
<input type="checkbox"/> <b>Private Cremation Requested</b> Subject to pathologist approval, remains may be released to a licensed crematorium (additional fees apply). Requires completion of form <b>FPM-040</b> at time of submission: <a href="#">Release of Remains for Cremation</a>		

**Serology:**  Johne's Disease  B LV - Bovine Leukemia Virus  CAE – Caprine Arthritis Encephalitis  S. Dublin  
 C. difficile toxins A & B  Neospora caninum  OPP – Ovine Progressive Pneumonia  Q fever – Coxiella burnetii  
 Other Serology (specify) \_\_\_\_\_

<p><b>Electron Microscopy:</b></p> <hr/> <p><b>Virology:</b></p> <hr/> <p><b>Molecular Diagnostics (PCR):</b></p> <hr/> <p><b>Other (specify):</b></p> <hr/> <p><input type="checkbox"/> <b>Calf Scours Package</b> <i>(Only applicable for calves &lt;14 days of age.)</i> Culture &amp; Sensitivity, Salmonella, E. coli, Cryptosporidium spp. direct fecal smear, PCR for Rotavirus &amp; Coronavirus</p>	<p><b>Parasitology:</b> <input type="checkbox"/> Fecal Floatation  <input type="checkbox"/> Lungworm (Baermann)  <input type="checkbox"/> Fecal Egg Count (Modified McMaster's)</p> <hr/> <p><b>Histopathology:</b> <input type="checkbox"/></p> <hr/> <p><b>Bacteriology:</b></p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Aerobic culture only</td> <td><input type="checkbox"/> Fungal culture only</td> </tr> <tr> <td><input type="checkbox"/> Aerobic culture and sensitivity</td> <td><input type="checkbox"/> Clostridial FAT</td> </tr> <tr> <td><input type="checkbox"/> Anaerobic culture only</td> <td><input type="checkbox"/> Strep equi culture/PCR</td> </tr> <tr> <td><input type="checkbox"/> Salmonella culture</td> <td><input type="checkbox"/> Strep suis culture</td> </tr> <tr> <td><input type="checkbox"/> Milk culture</td> <td><input type="checkbox"/> Listeria monocytogenes isolation</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> </tr> </table>	<input type="checkbox"/> Aerobic culture only	<input type="checkbox"/> Fungal culture only	<input type="checkbox"/> Aerobic culture and sensitivity	<input type="checkbox"/> Clostridial FAT	<input type="checkbox"/> Anaerobic culture only	<input type="checkbox"/> Strep equi culture/PCR	<input type="checkbox"/> Salmonella culture	<input type="checkbox"/> Strep suis culture	<input type="checkbox"/> Milk culture	<input type="checkbox"/> Listeria monocytogenes isolation		<input type="checkbox"/> Other _____
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	<input type="checkbox"/> Other _____												

**Include additional tests at pathologist's discretion** (additional fees may apply).

*Specimens submitted become the property of the AHC and are cremated on site following testing (unless arrangements for a private cremation are made with a licenced crematorium). Ashes cannot be returned. Information related to food-producing animal testing may be used by the Ministry of Agriculture for the purpose of summarized statistical surveillance of production animal health in BC. Personal details will not be disclosed, in accordance with the Freedom of Information and Protection of Privacy Act. In the event of a suspected reportable, notifiable or foreign animal disease, the AHC is obligated to comply with the federal Health of Animals and the provincial Animal Disease Control Acts by confirming the diagnosis and notifying the appropriate agencies.*

**\*Submitter's Signature:** \_\_\_\_\_ **\*Date:** \_\_\_\_\_