Mammalian Submission Form
ANIMAL HEALTH CENTRE

AAVLD—Accredited Laboratory
Ministry of Agriculture, Abbotsford Agricultural Centre
1767 Angus Campbell Road, Abbotsford, BC V3G 2M3
604-556-3003; 1-800-661-9903; Fax: 604-556-3010

For AHC use only
Case #

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

Submitted By: ☐ Owner ☐ Vet Clinic ☐ Other (fill out info →) Reports† To: ☐ Owner ☐ Vet Clinic ☐ Other (fill out info →) Bill To: ☐ Owner ☐ Vet Clinic ☐ 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.*	**Submitter and/or billing information:** Name: Address: City: Postal Code:
Client Reference Number:	Phone:
Insurance Claim? ☐ Yes Possible Litigation? ☐ Yes	Email (or Fax):
***Owner:**	**Veterinarian:**
***Farm Name:**	Vet Clinic:
***Address:**	Address:
***City:** ***Postal Code:**	City: Postal Code:
***Phone:**	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 Live: _____ 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:**

Whole Animals:	Whole Animal ____ Blood ____ Fetus ____ Placenta ____ Swabs ____ Feces ____ Milk ____ Water ____	Date Collected:_____
Fresh Tissues:	Brain ____ Heart ____ Lung ____ Kidney ____ Placenta ____ Muscle ____ Stomach ____ Intestine ____ Other _____	Date Collected:_____
Fixed Tissues:	Brain ____ Heart ____ Lung ____ Kidney ____ Placenta ____ Muscle ____ Stomach ____ Intestine ____ Liver ____ Spleen ____ Other _____	Date Collected:_____

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

Mammalian Submission Form

Presenting Complaint:

☐ Abortion ☐ Diarrhea/Enteric ☐ Musculoskeletal ☐ Neurological ☐ Respiratory ☐ Neoplasia

☐ Sudden Death ☐ Unthriftiness ☐ Urinary ☐ Reproductive ☐ Other (Please specify in *History* section)

Treatments: ☐ None ☐ Antibiotics ☐ Fluids ☐ Anti-inflammatories ☐ Other (Please specify in *History* section)

Vaccinated? ☐ No ☐ Unknown ☐ Yes Specify: _____

Euthanized? ☐ No ☐ 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: ☐ Dairy ☐ Cow/Calf ☐ Veal ☐ Feedlot

Swine: ☐ Farrow ☐ Nursery ☐ Weaner ☐ Grower ☐ Feeder

Horse: ☐ Racehorse ☐ Pleasure

Ration Type:_____ Describe:_____

***Services Requested:**

☐ **Post Mortem examination** *add* ☐ **Neurologic examination** *or* ☐ **Necropsy Post Mortem Diagnostic Package** (for necropsies conducted outside of the AHC)

or ☐ **Specific Testing-** *Please indicate below the specific testing requested if neither Post Mortem nor Necropsy Post MortemDiagnostic Package selected.*

Serology: ☐ Johne's Disease ☐ B LV - Bovine Leukemia Virus ☐ CAE – Caprine Arthritis Encephalitis

☐ C. difficile toxins A & B ☐ Neospora caninum ☐ OPP – Ovine Progressive Pneumonia ☐ Q fever – Coxiella burnetii

☐ Other (specify)_____

Electron Microscopy:	**Parasitology:**
☐ **Other (specify):**	
Virology:	**Histopathology:**
Molecular Diagnostics (PCR):	**Bacteriology:**

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

☐ **Private Cremation Requested** (subject to pathologist approval), remains may be released to a licenced crematorium. (*additional fees apply*)

☐ **Additional tests may be conducted 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:** _____

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