



Ministry of
Agriculture
and Food

ANIMAL HEALTH CENTRE
BC Ministry of Agriculture and Food
 1767 Angus Campbell Rd.
 Abbotsford BC, V3G 2M3

www.gov.bc.ca/animalhealthcentre
 AAVLD—Accredited Laboratory
 604-556-3003 1-800-661-9903
 Fax: 604-556-3010
 Email: PAHB@gov.bc.ca

FOR LAB USE ONLY	ENTERED: _____	VERIFIED: _____	SENT: _____	
	DATE: _____	DATE: _____	PM <input type="checkbox"/> SER <input type="checkbox"/>	CASE #: _____ COORD: _____

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

CLIENT REFERENCE #	COLLECTED ON: (YYYY/MM/DD)	SUBMITTED ON: (YYYY/MM/DD)
<input type="checkbox"/> Insurance Claim <input type="checkbox"/> Possible Litigation <input type="checkbox"/> Rehab/Rescue	SUSPECT FAD/ZOONOTIC AGENT:	
* SUBMITTED BY: <input type="checkbox"/> Owner <input type="checkbox"/> Vet Clinic <input type="checkbox"/> Other (Fill out info →)	SUBMITTER AND/OR BILLING:	
* BILL TO: <input type="checkbox"/> Owner <input type="checkbox"/> Vet Clinic <input type="checkbox"/> Other (Fill out info →)	ACCOUNT #:	
* REPORTS TO:† <input type="checkbox"/> Owner <input type="checkbox"/> Vet Clinic <input type="checkbox"/> Other (Fill out info →)	NAME:	
† 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.	ADDRESS:	
ADDITIONAL REPORT EMAIL:	CITY:	PROVINCE:
ADDITIONAL REPORT EMAIL:	POSTAL CODE:	PHONE:
* OWNER:	PREMISE ID:	VETERINARIAN:
FARM NAME:		ACCOUNT #:
* ADDRESS:		VET CLINIC:
* CITY:	* PROVINCE:	ADDRESS:
* POSTAL CODE:	* PHONE:	CITY:
EMAIL / FAX:		PROVINCE:
		POSTAL CODE:
		PHONE:
		EMAIL / FAX:
* PHYSICAL LOCATION OF ANIMALS: <input type="checkbox"/> OWNER/FARM ADDRESS (AS ABOVE) <input type="checkbox"/> OTHER LOCATION (SPECIFY BELOW)		
ADDRESS:	CITY:	POSTAL CODE:
* SPECIES:	* BREED:	* AGE: <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y
* SEX: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> M/N <input type="checkbox"/> F/S <input type="checkbox"/> UNKNOWN		
ANIMAL ID/NAME:	TATTOO/MICROCHIP:	
USE/TYPE OF ANIMAL (select one): <input type="checkbox"/> Pet <input type="checkbox"/> Zoo/Aquarium/Collection <input type="checkbox"/> Other <input type="checkbox"/> Unknown		
TOTAL # OF ANIMALS IN GROUP (number only):	# SICK:	# DEAD:
* EUTHANIZED: <input type="checkbox"/> N/A <input type="checkbox"/> NO <input type="checkbox"/> YES – SPECIFY METHOD:		DATE ANIMAL DIED: (YYYY/MM/DD)
TREATMENTS:		
<input type="checkbox"/> Unknown <input type="checkbox"/> None <input type="checkbox"/> Antibiotics <input type="checkbox"/> Fluids <input type="checkbox"/> Anti-inflammatories <input type="checkbox"/> Other (Please specify in History section)		
VACCINATION STATUS: <input type="checkbox"/> Unknown <input type="checkbox"/> None <input type="checkbox"/> Vaccinated (Specify):		
REASON FOR SUBMISSION (select one): <input type="checkbox"/> Diagnostic Investigation <input type="checkbox"/> Monitoring/Surveillance <input type="checkbox"/> Certify/Export/Pre-transfer <input type="checkbox"/> Research/Special Project (if different than Ref.#): <input type="checkbox"/> Other (Specify):		
PRIMARY PROBLEM (select one): <input type="checkbox"/> Death/Mortality/Moribund <input type="checkbox"/> General Illness <input type="checkbox"/> Poor Production <input type="checkbox"/> Decreased food/Water intake <input type="checkbox"/> Abortion <input type="checkbox"/> Gastroenteric/Diarrhea <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Neoplasia <input type="checkbox"/> Neurologic <input type="checkbox"/> Reproductive <input type="checkbox"/> Respiratory <input type="checkbox"/> Urinary <input type="checkbox"/> Other (Please specify in History section)		
SAMPLE SOURCE (select one): <input type="checkbox"/> Individual <input type="checkbox"/> Multi-individual <input type="checkbox"/> Pooled <input type="checkbox"/> Environmental <input type="checkbox"/> Other		
HISTORY: Describe clinical signs, date of onset, housing, production level, treatments given, ration type/diet, etc. Please ensure any written testing requests are at the top of this field.		
CONDITION SUSPECTED: _____		
RELATED PREVIOUS AHC CASE #(s): _____		

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

HISTORY (Continued):

*** SPECIMENS SUBMITTED AND SERVICES REQUESTED**

For 10 or more samples email a digital spreadsheet to: PAHB@gov.bc.ca

- Full Necropsy** Includes up to 5 ancillary tests as deemed appropriate by the pathologist
- Diagnostic Package** On tissues collected outside of the AHC, includes up to 5 ancillary tests as deemed appropriate by the pathologist
- Neurologic Examination** Add spinal cord exam to necropsy (additional fees apply) – brain is included in standard necropsy **at pathologist's discretion**
- Private Cremation Requested** Subject to pathologist approval, remains may be released to a licensed crematorium (additional fees apply)
Requires completion of form FPM-040 at time of submission: <https://www2.gov.bc.ca/assets/download/AEE6E3589C1D461386CA34D985FFFEC0>
- Include additional tests at pathologist's discretion** (additional fees may apply)

Serology	Parasitology	* Samples	* Sent #	Received # <small>Lab Use Only</small>
<input type="checkbox"/> C. Diff – Clostridium difficile toxin A&B <i>ELISA</i>	<input type="checkbox"/> Fecal Floatation	Whole Animal		
<input type="checkbox"/> NEO – Neospora caninum <i>ELISA</i>	<input type="checkbox"/> Baermann (<i>Lungworm</i>)	Fetus		
<input type="checkbox"/> Other Sero:	Histopathology	Fixed Tissues		
Bacteriology	<input type="checkbox"/> Histopathology	Fresh Tissues		
<input type="checkbox"/> Aerobic culture and sensitivity	<input type="checkbox"/> IHC:	Whole Blood		
<input type="checkbox"/> Aerobic culture only	<input type="checkbox"/> Other Histo:	Serum		
<input type="checkbox"/> Anaerobic culture only (<i>includes C. perfringens detection</i>)	Virology: (for full list of available isolation tests see fee guide)	Feces		
<input type="checkbox"/> Clostridial FAT (<i>includes anaerobic culture</i>)	<input type="checkbox"/> Virus Isolation for:	Urine		
<input type="checkbox"/> Cryptosporidium spp. (<i>direct smear</i>)	<input type="checkbox"/> Electron Microscopy for:	Milk		
<input type="checkbox"/> Fungal culture only	<input type="checkbox"/> Other Viro:	Viral Media Swab		
<input type="checkbox"/> Listeria monocytogenes isolation		Bacti Media Swab		
<input type="checkbox"/> Salmonella culture		Dry Swab		
<input type="checkbox"/> Other Bacti:		Other (<i>list below</i>):		
Molecular Diagnostics (PCR)				
<input type="checkbox"/> Bhen – Bartonella henselae	<input type="checkbox"/> Fcal – Feline Calicivirus	Check off tissue types below		
<input type="checkbox"/> WNS – Bat White-Nose Syndrome	<input type="checkbox"/> FHV – Feline Herpesvirus 1	Fresh	Formalized	
<input type="checkbox"/> Bsal – Batrachochytrium salamandrivorans	<input type="checkbox"/> FID – Feline Immunodeficiency Virus	<input type="checkbox"/> Brain	<input type="checkbox"/> Brain	
<input type="checkbox"/> BBDA – Bearded Dragon Adenovirus	<input type="checkbox"/> FIP – Feline Infectious Peritonitis (<i>Feline Coronavirus</i>)	<input type="checkbox"/> Heart	<input type="checkbox"/> Heart	
<input type="checkbox"/> CAD T1 – Canine Adenovirus 1 (<i>Infectious Canine Hepatitis</i>)	<input type="checkbox"/> FeLv – Feline Leukemia Virus	<input type="checkbox"/> Lung	<input type="checkbox"/> Lung	
<input type="checkbox"/> CAD T2 – Canine Adenovirus 2 (<i>Canine Resp. adenovirus</i>)	<input type="checkbox"/> FPV – Feline Parvovirus (<i>Feline Panleukopenia Virus</i>)	<input type="checkbox"/> Liver	<input type="checkbox"/> Liver	
<input type="checkbox"/> CCV – Canine Coronavirus	<input type="checkbox"/> FT – Francisella tularensis	<input type="checkbox"/> Kidney	<input type="checkbox"/> Kidney	
<input type="checkbox"/> CDV – Canine Distemper Virus	<input type="checkbox"/> Chytrid – Frog Chytrid (<i>Batrachochytrium dendrobatidis</i>)	<input type="checkbox"/> Spleen	<input type="checkbox"/> Spleen	
<input type="checkbox"/> CHV – Canine Herpesvirus	<input type="checkbox"/> IRIDO – Frog Ranavirus	<input type="checkbox"/> Stomach	<input type="checkbox"/> Stomach	
<input type="checkbox"/> IVU – Canine Influenza Virus	<input type="checkbox"/> LEPTO – Leptospira spp.	<input type="checkbox"/> Intestine	<input type="checkbox"/> Intestine	
<input type="checkbox"/> CPI – Canine Parainfluenza Virus	<input type="checkbox"/> LIST – Listeria monocytogenes	<input type="checkbox"/> Muscle	<input type="checkbox"/> Muscle	
<input type="checkbox"/> CPV – Canine Parvovirus 2	<input type="checkbox"/> MOL – Mollicutes	<input type="checkbox"/> Placenta	<input type="checkbox"/> Placenta	
<input type="checkbox"/> CHL – Chlamydia felis	<input type="checkbox"/> UMB – Mycobacterium Consensus	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	
<input type="checkbox"/> CNG – Cryptococcus neoformans	<input type="checkbox"/> PyERV – Python Endogenous Retrovirus	Please view our full list of tests available in our fee guide at www.gov.bc.ca/animalhealthcentre		
<input type="checkbox"/> CRY – Cryptosporidium spp.	<input type="checkbox"/> RHDV – Rabbit Hemorrhagic Disease			
<input type="checkbox"/> ENC – Encephalitozoon cuniculi	<input type="checkbox"/> SPV – Snake Paramyxovirus			
<input type="checkbox"/> EHD – Epizootic Hemorrhagic Disease				
<input type="checkbox"/> Other PCR:				

*** IMPORTANT PLEASE READ:** By signing this form, the submitter acknowledges and agrees: 1) Specimens submitted are cremated on site following testing and ashes will not be returned. 2) Personal information supplied by the submitter is collected by His Majesty The King in right of B.C. as represented by the Minister of Agriculture and Food (AF) under s. 26(c) of the Freedom of Information and Protection of Privacy Act, for completing the requested testing and analysis. Such personal information will be used and disclosed only in accordance with that Act and the Animal Health Act. The submitter can direct any questions on personal information to PAHB@gov.bc.ca. 3) AF may use information related to food-producing animal testing for the summarized statistical surveillance of production animal health in B.C. 4) In the event of a suspected reportable, notifiable or foreign animal disease, the AHC must comply with relevant laws by confirming the diagnosis and notifying the appropriate agencies. 5) The AHC may send the specimen submitted to an external third-party laboratory for required testing at the discretion of the Case Coordinator, unless otherwise directed by the client.

*Submitter's Signature: _____ Date: (YYYY/MM/DD) _____