



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:			
* OWNER IS: <input type="checkbox"/> Submitter <input type="checkbox"/> Billing <input type="checkbox"/> Finder/Other		BILLING ORGANIZATION:		ACCOUNT #:	
* REPORTS TO †: <input type="checkbox"/> Submitter <input type="checkbox"/> Billing <input type="checkbox"/> Finder/Other <small>† 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.</small>		NAME:			
ADDITIONAL REPORT EMAIL:		CITY:		PROVINCE:	
ADDITIONAL REPORT EMAIL:		POSTAL CODE:		PHONE:	
ADDITIONAL REPORT EMAIL:		EMAIL / FAX:			
* SUBMITTING ORGANIZATION:		<input type="checkbox"/> FINDER or <input type="checkbox"/> OTHER		ACCOUNT #:	
NAME:		NAME:			
* ADDRESS:		ADDRESS:			
* CITY:		* PROVINCE:		CITY:	
* POSTAL CODE:		* PHONE:		POSTAL CODE:	
EMAIL / FAX:		EMAIL / FAX:			
* PHYSICAL LOCATION OF ANIMALS:		Description of location specimen found:			
ADDRESS:		CITY:		POSTAL CODE:	
LATITUDE:		LONGITUDE:		UTM ZONE:	
				EASTING:	
				NORTHING:	
* SPECIES:		SEX: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNKNOWN			
AGE: <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y OR <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Neonate <input type="checkbox"/> Fetus/Abortion <input type="checkbox"/> Unknown					
ANIMAL ID (IF DIFFERENT THAN REF #):		DATE SPECIMEN FOUND OR REPORTED: (YYYY/MM/DD):			
TOTAL # OF ANIMALS IN GROUP (number only):		# SICK:		# DEAD:	
PLEASE SELECT ONE OF THE FOLLOWING:		<input type="checkbox"/> Live Animal Sampling <input type="checkbox"/> Found Dead <input type="checkbox"/> Found Alive and Died <input type="checkbox"/> Euthanized/Killed – Specify Method:			
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 History section)					
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"/> 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"/> Environmental <input type="checkbox"/> Individual <input type="checkbox"/> Multi-individual <input type="checkbox"/> Pooled <input type="checkbox"/> Other					
ANIMAL NUTRITIONAL CONDITION (select one):					
<input type="checkbox"/> Emaciated <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> Obese					
HISTORY/FINDINGS: Describe clinical signs (unusual behaviour and physical appearance), a description of area where carcasses found (land use, habitat, agricultural vs urban), and climactic factors (recent storms, precipitation, temperature changes). 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/FINDINGS (Continued):						
* SPECIMENS SUBMITTED AND SERVICES REQUESTED		For 10 or more samples email a digital spreadsheet to: PAHB@gov.bc.ca				
<input type="checkbox"/> Full Necropsy <i>Includes up to 5 ancillary tests as deemed appropriate by the pathologist</i> <input type="checkbox"/> Diagnostic Package <i>On tissues collected outside of the AHC, includes up to 5 ancillary tests as deemed appropriate by the pathologist</i> <input type="checkbox"/> Neurologic Examination <i>Add spinal cord exam to necropsy (additional fees apply) – brain is included in standard necropsy <u>at pathologist's discretion</u></i> <input type="checkbox"/> Include additional tests at pathologist's discretion <i>(additional fees may apply)</i>						
Serology	Parasitology	* Samples	* Sent #	Received # <small>Lab Use Only</small>		
<input type="checkbox"/> BTV – Blue Tongue Virus <i>ELISA</i> <input type="checkbox"/> BVD – Bovine Viral Diarrhea <i>ELISA</i> <input type="checkbox"/> IBR – Infectious Bovine Rhinotracheitis <i>ELISA</i> <input type="checkbox"/> C. Diff – Clostridium difficile toxin A&B <i>ELISA</i> <input type="checkbox"/> Q fever – Coxiella burnetti <i>ELISA</i> <input type="checkbox"/> Other Sero:	<input type="checkbox"/> Fecal Floatation <input type="checkbox"/> Baermann (<i>Lungworm</i>) Histopathology <input type="checkbox"/> Histopathology <input type="checkbox"/> Block Preparation <input type="checkbox"/> IHC: <input type="checkbox"/> Other Histo:	Whole Animal				
		Fetus				
		Fixed Tissues				
		Fresh Tissues				
		Whole Blood				
		Serum				
		Feces				
Bacteriology	Virology: <i>(for full list of available isolation tests see fee guide)</i>	Urine				
<input type="checkbox"/> Aerobic culture and sensitivity <input type="checkbox"/> Aerobic culture only <input type="checkbox"/> Anaerobic culture only <i>(includes C. perfringens detection)</i> <input type="checkbox"/> Fungal culture only <input type="checkbox"/> Other Bacti:	<input type="checkbox"/> Virus Isolation for: <input type="checkbox"/> Electron Microscopy for: <input type="checkbox"/> Other Viro:	Milk				
		Viral Media Swab				
		Bacti Media Swab				
		Dry Swab				
		Other <i>(list below)</i> :				
Molecular Diagnostics (PCR)						
<input type="checkbox"/> AHD – Adenovirus Hemorrhagic Disease <input type="checkbox"/> ADENO – Adenovirus spp. <input type="checkbox"/> POX – Poxvirus <input type="checkbox"/> WNS – Bat White Nose Syndrome <input type="checkbox"/> Bsal – Batrachochytrium salamandrivorans <input type="checkbox"/> BTV – Blue Tongue Virus <input type="checkbox"/> BRUC – Brucella spp. <input type="checkbox"/> CDV – Canine Distemper Virus <input type="checkbox"/> EHD – Epizootic Hemorrhagic Disease <input type="checkbox"/> ERY – Erysipelothrix rhusiopathiae <input type="checkbox"/> FT – Francisella tularensis <input type="checkbox"/> Chytrid – Frog Chytrid (<i>Batrachochytrium dendrobatidis</i>) <input type="checkbox"/> IRIDO – Frog Ranavirus <input type="checkbox"/> IVU – Influenza A Virus Consensus <i>(includes Avian Influenza)</i> <input type="checkbox"/> Other PCR:	<input type="checkbox"/> LIST – Listeria monocytogenes <input type="checkbox"/> MCF – Malignant Catarrhal Fever <input type="checkbox"/> MOL – Mollicutes <input type="checkbox"/> MORB – Morbillivirus Consensus <input type="checkbox"/> Movi – Mycoplasma ovipneumoniae <input type="checkbox"/> NEO – Neospora caninum <input type="checkbox"/> NDV – Newcastle Disease Virus (<i>Avian Paramyxovirus 1</i>) <input type="checkbox"/> PDV – Phocine Distemper Virus <input type="checkbox"/> RHDV – Rabbit Hemorrhagic Disease <input type="checkbox"/> ENC – Rabbit Encephalitozoon cuniculi <input type="checkbox"/> SARCO – Sarcocystis spp. <input type="checkbox"/> SeHV – Seal Herpesvirus <input type="checkbox"/> WNV – West Nile Virus <input type="checkbox"/> TOX – Toxoplasma gondii	Check off tissue types below				
		Fresh	Formalized			
		<input type="checkbox"/> Brain	<input type="checkbox"/> Brain			
		<input type="checkbox"/> Heart	<input type="checkbox"/> Heart			
		<input type="checkbox"/> Lung	<input type="checkbox"/> Lung			
		<input type="checkbox"/> Liver	<input type="checkbox"/> Liver			
		<input type="checkbox"/> Kidney	<input type="checkbox"/> Kidney			
		<input type="checkbox"/> Spleen	<input type="checkbox"/> Spleen			
		<input type="checkbox"/> Stomach	<input type="checkbox"/> Stomach			
		<input type="checkbox"/> Intestine	<input type="checkbox"/> Intestine			
		<input type="checkbox"/> Muscle	<input type="checkbox"/> Muscle			
		<input type="checkbox"/> Placenta	<input type="checkbox"/> Placenta			
		<input type="checkbox"/> Other:	<input type="checkbox"/> Other:			
		Transmissible Spongiform Encephalopathies (TSE)		Please view our full list of tests available in our fee guide at www.gov.bc.ca/animalhealthcentre If you have questions regarding testing or type of samples to submit, please call 604-556-3003 or email PAHB@gov.bc.ca		
		<input type="checkbox"/> TSE CWD <i>ELISA</i>				
		Other testing requests and/or special instructions, and/or additional history:				

*** 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) _____