PORCINE SUBMISSION FORM

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: ____ DATE: VERIFIED: ____ DATE: SENT: ____ PM ☐ SER ☐ 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)

☐ Insurance Claim ☐ Possible Litigation ☐ Rehab/Rescue

SUSPECT FAD/ZOONOTIC AGENT:

* SUBMITTED BY: ☐ Owner ☐ Vet Clinic ☐ Other (Fill out info →)

* BILL TO: ☐ Owner ☐ Vet Clinic ☐ Other (Fill out info →)

* REPORTS 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.

ADDITIONAL REPORT EMAIL:

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SUBMITTER AND/OR BILLING: ACCOUNT #:
NAME:
ADDRESS:
CITY: PROVINCE:
POSTAL CODE: PHONE:
EMAIL / FAX:

*** OWNER:** PREMISE ID:
FARM NAME:
* ADDRESS:
* CITY: * PROVINCE:
* POSTAL CODE: * PHONE:
EMAIL / FAX:

VETERINARIAN: ACCOUNT #:
VET CLINIC:
ADDRESS:
CITY: PROVINCE:
POSTAL CODE: PHONE:
EMAIL / FAX:

*** PHYSICAL LOCATION OF ANIMALS:** ☐ OWNER/FARM ADDRESS (AS ABOVE) ☐ OTHER LOCATION (SPECIFY BELOW)

ADDRESS: CITY: POSTAL CODE:

*** SPECIES:** *** BREED:**

*** AGE:** ☐ D ☐ W ☐ M ☐ Y *** SEX:** ☐ M ☐ F ☐ M/N ☐ F/S ☐ UNKNOWN

ANIMAL ID/NAME: *** TRANSPORTING VEHICLE LICENCE PLATE NUMBER** (whole animal only):

USE/TYPE OF ANIMAL *(select one)*: ☐ Breeder ☐ Nursery ☐ Weaner ☐ Grower ☐ Finisher ☐ Pet ☐ Other ☐ Unknown

TOTAL # OF ANIMALS IN GROUP *(number only)*: **# SICK:** **# DEAD:**

*** EUTHANIZED:** ☐ N/A ☐ NO ☐ YES – SPECIFY METHOD: **DATE ANIMAL DIED:** (YYYY/MM/DD)

TREATMENTS:

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

VACCINATION STATUS: ☐ Unknown ☐ None ☐ Vaccinated *(Specify)*:

REASON FOR SUBMISSION *(select one)*: ☐ Diagnostic Investigation ☐ Monitoring/Surveillance ☐ Certify/Export/Pre-transfer

☐ Research/Special Project (*if different than Ref.#*): ☐ Other *(Specify)*:

PRIMARY PROBLEM *(select one)*: ☐ Death/Mortality/Moribund ☐ General Illness ☐ Poor Production

☐ Decreased food/Water intake ☐ Abortion ☐ Gastroenteric/Diarrhea ☐ Musculoskeletal ☐ Neoplasia

☐ Neurologic ☐ Reproductive ☐ Respiratory ☐ Urinary ☐ Other ***(Please specify in History section)***

SAMPLE SOURCE *(select one)*: ☐ Individual ☐ Multi-individual ☐ Pooled ☐ Environmental ☐ 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***

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

Serology

☐ **C. Diff** – Clostridium difficile toxin A&B *ELISA*
☐ Other Sero:

Bacteriology

☐ Aerobic culture and sensitivity
☐ Aerobic culture only
☐ Anaerobic culture only *(includes C. perfringens detection)*
☐ Clostridial FAT *(includes anaerobic culture)*
☐ Clostridium perfringens toxin typing
☐ Escherichia coli toxin typing
☐ Fungal culture only
☐ Listeria monocytogenes isolation
☐ Salmonella culture
☐ Streptococcus suis culture
☐ Other Bacti:

Parasitology

☐ Fecal Floatation
☐ Baermann *(Lungworm)*

Histopathology

☐ Histopathology
☐ IHC:
☐ Other Histo:

Virology: *(for full list of available isolation tests see fee guide)*

☐ **SIV-hi** – Swine Influenza Virus (pH1N1, H1N1, H3N2) *HI*
☐ **TGE-vn** – Transmissible Gastroenteritis Virus *VN*
☐ **PPV-hi** – Porcine Parvovirus *HI*
☐ Virus Isolation for:
☐ Electron Microscopy for:
☐ Other Viro:

* Samples	* Sent #	Received # (Lab Use Only)
Whole Animal		
Fetus		
Fixed Tissues		
Fresh Tissues		
Whole Blood		
Serum		
Feces		
Urine		
Milk		
Viral Media Swab		
Bacti Media Swab		
Dry Swab		
Other *(list below)*:		

Molecular Diagnostics (PCR)

☐ **ACT** – Actinobacillus pleuropneumoniae
☐ **ASFV** – African Swine Fever Virus
☐ **BH** – Brachyspira hyodysenteriae
☐ **BP** – Brachyspira pilosicoli
☐ **CSF** – Classical Swine Fever
☐ **ERY** – Erysipelothrix rhusiopathiae
☐ **HP** – Glaesserella parasuis
☐ **LI** – Lawsonia intracellularis
☐ **LEPTO** – Leptospira spp.
☐ Other PCR:
☐ **MH** – Mycoplasma hyopneumoniae
☐ **CIRCO** – Porcine Circovirus 2
☐ **SDC** – Porcine Delta Coronavirus
☐ **PEDV** – Porcine Epidemic Diarrhea Virus
☐ **PPV** – Porcine Parvovirus
☐ **PRRS** – Porcine Reproductive & Respiratory Syndrome
☐ **SVV** – Seneca Valley Virus
☐ **SIV** – Swine Influenza A Virus
☐ **TGEV** – Transmissible Gastroenteritis Virus

Check off tissue types below

Fresh	Formalized
☐ Brain	☐ Brain
☐ Heart	☐ Heart
☐ Lung	☐ Lung
☐ Liver	☐ Liver
☐ Kidney	☐ Kidney
☐ Spleen	☐ Spleen
☐ Stomach	☐ Stomach
☐ Intestine	☐ Intestine
☐ Muscle	☐ Muscle
☐ Placenta	☐ Placenta
☐ Other:	☐ Other:

Other testing requests and/or special instructions, and/or additional history:

:

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

* 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)______________________