

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: _____	VERIFIED: _____	SENT: _____		
	DATE: _____	DATE: _____	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 →)	SUBMITTER AND/OR BILLING:		ACCOUNT #:
* BILL TO:	Owner	Vet Clinic	Other (Fill out info →)	NAME:		
* REPORTS TO:†	Owner	Vet Clinic	Other (Fill out info →)	ADDRESS:		
† 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.			CITY:		PROVINCE:	
ADDITIONAL REPORT EMAIL:			POSTAL CODE:		PHONE:	
ADDITIONAL REPORT EMAIL:			EMAIL / FAX:			
* OWNER:		PREMISE ID:		VETERINARIAN:		ACCOUNT #:
FARM NAME:			VET CLINIC:			
* ADDRESS:			ADDRESS:			
* CITY:		* PROVINCE:		CITY:		PROVINCE:
* POSTAL CODE:		* PHONE:		POSTAL CODE:		PHONE:
EMAIL / FAX:			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 (<i>Please specify in History section</i>)						
VACCINATION STATUS: Unknown None Vaccinated (<i>Specify</i>):						
REASON FOR SUBMISSION (select one):			Diagnostic Investigation		Monitoring/Surveillance	
			Research/Special Project (<i>if different than Ref.#</i>):		Certify/Export/Pre-transfer	
			Other (<i>Specify</i>):			
PRIMARY PROBLEM (select one):			Death/Mortality/Moribund		General Illness	
			Decreased food/Water intake		Poor Production	
			Abortion		Gastroenteric/Diarrhea	
			Neurologic		Musculoskeletal	
			Reproductive		Neoplasia	
			Respiratory		Urinary	
			Other (<i>Please specify in History section</i>)			
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				
<p>Full Necropsy For whole animals, includes up to five ancillary tests as selected at the discretion of the duty pathologist - includes brain exam at pathologist's discretion</p> <p>Diagnostic Package For tissues collected outside of the AHC, includes up to five ancillary tests that will be selected at the discretion of the duty pathologist</p> <p>Spinal Cord Assessment Add on removal and examination of spinal cord to full necropsy (additional fees apply)</p> <p>Include additional tests at pathologist's discretion (additional fees may apply)</p>				
Serology	Parasitology	* Samples	* Sent #	Received # <small>Lab Use Only</small>
C. Diff – Clostridium difficile toxin A&B ELISA	Fecal Floatation	Whole Animal		
Other Sero:	Baermann (Lungworm)	Fetus		
Bacteriology	Histopathology	Fixed Tissues		
Aerobic culture and sensitivity	Histopathology	Fresh Tissues		
Aerobic culture only	IHC:	Whole Blood		
Anaerobic culture only (includes C. perfringens detection)	Other Histo:	Serum		
Clostridial FAT (includes anaerobic culture)	Virology: (for full list of available isolation tests see fee guide)	Feces		
Clostridium perfringens toxin typing	SIV-hi – Swine Influenza Virus (pH1N1, H1N1, H3N2) HI	Urine		
Escherichia coli toxin typing	TGE-vn – Transmissible Gastroenteritis Virus VN	Milk		
Fungal culture only	PPV-hi – Porcine Parvovirus HI	Viral Media Swab		
Listeria monocytogenes isolation	Virus Isolation for:	Bacti Media Swab		
Salmonella culture	Electron Microscopy for:	Dry Swab		
Streptococcus suis culture	Other Viro:	Other (list below):		
Other Bacti:				
Molecular Diagnostics (PCR)		Check off tissue types below		
ACT – Actinobacillus pleuropneumoniae	MH – Mycoplasma hyopneumoniae	Fresh	Formalized	
ASFV – African Swine Fever Virus	CIRCO – Porcine Circovirus 2	Brain	Brain	
BH – Brachyspira hyodysenteriae	SDC – Porcine Delta Coronavirus	Heart	Heart	
BP – Brachyspira pilosicoli	PEDV – Porcine Epidemic Diarrhea Virus	Lung	Lung	
CSF – Classical Swine Fever	PPV – Porcine Parvovirus	Liver	Liver	
ERY – Erysipelothrix rhusiopathiae	PRRS – Porcine Reproductive & Respiratory Syndrome	Kidney	Kidney	
HP – Glaesserella parasuis	SVV – Seneca Valley Virus	Spleen	Spleen	
LI – Lawsonia intracellularis	SIV – Swine Influenza A Virus	Stomach	Stomach	
LEPTO – Leptospira spp.	TGEV – Transmissible Gastroenteritis Virus	Intestine	Intestine	
Other PCR:		Muscle	Muscle	
Other testing requests and/or special instructions, and/or additional history:		Placenta	Placenta	
		Other:	Other:	
		<p>Please view our full list of tests available in our fee guide at www.gov.bc.ca/animalhealthcentre</p> <p>If you have questions regarding testing or type of samples to submit, please call 604-556-3003 or email PAHB@gov.bc.ca</p>		

*** 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) _____