

BOVINE 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	SUBMITTER AND/OR BILLING:		ACCOUNT #:
	(Fill out info →)			NAME:		
* BILL TO:	Owner	Vet Clinic	Other	ADDRESS:		
	(Fill out info →)			CITY:		PROVINCE:
* REPORTS TO:†	Owner	Vet Clinic	Other	POSTAL CODE:		PHONE:
	(Fill out info →)			EMAIL / FAX:		
† 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.			VETERINARIAN:		ACCOUNT #:	
ADDITIONAL REPORT EMAIL:			FARM NAME:		VET CLINIC:	
ADDITIONAL REPORT EMAIL:			* ADDRESS:		ADDRESS:	
* OWNER:			* PROVINCE:		CITY:	
PREMISE ID:			POSTAL CODE:		PHONE:	
FARM NAME:			EMAIL / FAX:		EMAIL / FAX:	
* ADDRESS:			ADDRESS:		ADDRESS:	
* CITY:			CITY:		PROVINCE:	
* POSTAL CODE:			POSTAL CODE:		PHONE:	
* PHONE:			EMAIL / FAX:		EMAIL / FAX:	
* PHYSICAL LOCATION OF ANIMALS:			OWNER/FARM ADDRESS (AS ABOVE)		OTHER LOCATION (SPECIFY BELOW)	
ADDRESS:			CITY:		POSTAL CODE:	
* BREED:			* AGE:		* SEX:	
			D W M Y		M F M/N F/S UNKNOWN	
ANIMAL ID/NAME:			* CCIA TAG NO. (whole animal only):			
USE/TYPE OF ANIMAL (select one):			Dairy		Veal	
			Beef – Cow/Calf		Beef – Feeder	
			Feedlot		Pet	
			Other		Unknown	
TOTAL # OF ANIMALS IN GROUP (numbers only):			# SICK:		# DEAD:	
* EUTHANIZED:			DATE ANIMAL DIED:		DATE ANIMAL DIED:	
N/A NO YES – SPECIFY METHOD:			(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** For whole animals, includes up to five ancillary tests as selected at the discretion of the duty pathologist
- 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
- 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	Parasitology	* Samples	* Sent #	Received # <small>Lab Use Only</small>	
SD – Salmonella Dublin <i>ELISA</i> Johne's – Mycobacterium paratuberculosis <i>ELISA</i> BLV – Bovine Leukemia Virus <i>ELISA</i> IBR – Infectious Bovine Rhinotracheitis <i>ELISA</i> BVD – Bovine Viral Diarrhea <i>ELISA</i> NEO – Neospora caninum <i>ELISA</i> Q fever – Coxiella burnetti <i>ELISA</i> BTV – Blue Tongue Virus <i>ELISA</i> C. Diff – Clostridium difficile toxin A&B <i>ELISA</i> Brucella <i>BPAT (CFIA form 5473 also required)</i> Other Sero:	Fecal Floatation Modified McMaster's (<i>Fecal Egg Count</i>) Baermann (<i>Lungworm</i>) Strongyle Parasite Panel (<i>Float +/- McMaster's</i>)	Whole Animal			
		Fetus			
		Fixed Tissues			
		Fresh Tissues			
	Histopathology Histopathology IHC: Other Histo:	Whole Blood			
		Serum			
		Feces			
	Virology: (for full list of available isolation tests see fee guide) Milk	Urine			
	Bacteriology Aerobic culture and sensitivity Aerobic culture only Anaerobic culture only (<i>includes C. perfringens detection</i>) Clostridial FAT (<i>includes anaerobic culture</i>) Clostridium perfringens toxin typing Cryptosporidium spp. (<i>direct smear</i>) Escherichia coli toxin typing Fungal culture only Listeria monocytogenes isolation Milk culture and sensitivity Salmonella culture Other Bacti:	BPI3-vn – Bovine Parainfluenza Virus 3 VN BRC-vn – Bovine Respiratory Coronavirus VN BRSV-vn – Bovine Respiratory Syncytial Virus VN BVD-vn – Bovine Viral Diarrhea Virus 1 VN BVD2-vn – Bovine Viral Diarrhea Virus 2 VN IgG – Immunoglobulin-Bovine IgM RID IgM – Immunoglobulin-Bovine IgG RID IBR-vn – Infectious Bovine Rhinotracheitis Virus VN Virus Isolation for: Electron Microscopy for: Other Viro:	Viral Media Swab		
		Bacti Media Swab			
		Dry Swab			
		Other (<i>list below</i>):			
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:		
		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			
Molecular Diagnostics (PCR) BCV – Bovine Coronavirus BHV T4 – Bovine Herpesvirus 4 BPV – Bovine Papillomavirus BPI3 – Bovine Parainfluenza3Virus Bparv – Bovine Parvovirus BRSV – Bovine Respiratory Syncytial Virus BVD – Bovine Viral Diarrhea Virus 1 & 2 CHL – Chlamydomphila abortus CRY – Cryptosporidium spp. IBR – Infectious Bovine Rhinotracheitis (<i>Bovine Herpesvirus 1</i>) PTB – Johne's Disease (<i>Mycobacterium paratuberculosis</i>) Other PCR:	LEPTO – Leptospira spp. LIST – Listeria monocytogenes MCF – Malignant Catarrhal Fever MTB – Mycobacterium bovis UMB – Mycobacterium Consensus MB – Mycoplasma bovis NEO – Neospora caninum PPOX – Orf Virus (<i>Parapoxvirus</i>) ROTA – Rotavirus A TF – Tritrichomonas foetus UPD – Ureaplasma diversum				

* **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) _____