



RUMINANT SUBMISSION FORM

Animal Health Laboratory
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 animalhealthlab@novascotia.ca
 www.novascotia.ca/agriculture-labs

Accession Number:

(LAB USE ONLY)

*Submitter Information	
<input type="checkbox"/> Owner _____ Address _____ Email _____	
<input type="checkbox"/> Veterinarian/Clinic _____ <input type="checkbox"/> Other (Name/Email) _____	
Billing To: <input type="checkbox"/> Owner <input type="checkbox"/> Veterinarian <input type="checkbox"/> Other	
Report To: <input type="checkbox"/> Owner <input type="checkbox"/> Veterinarian <input type="checkbox"/> Other	

*Date Submitted:	*Date Sampled:
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*Identification/CCIA #:	Premise ID:
*Species:	Breed:
*Age: _____ <input type="checkbox"/> days <input type="checkbox"/> weeks _____ <input type="checkbox"/> months <input type="checkbox"/> years	
Commodity: <input type="checkbox"/> Dairy <input type="checkbox"/> Meat <input type="checkbox"/> Other _____	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

*History & Special Requests (additional space on back)	*Specimen ID	*Specimen Type	*No. Sent	No. Recd
Presenting illnesses, clinical signs, treatments, vaccinations, etc.	List each ID individually			
No. at risk _____ No. sick _____ No. dead _____ Duration of problem _____ (days, weeks, months, years)	*If more than 10 specimens email a spreadsheet with IDs	<input type="checkbox"/> Carcass <input type="checkbox"/> Feces <input type="checkbox"/> Fixed Tissue <input type="checkbox"/> Fluid <input type="checkbox"/> Fresh Tissue <input type="checkbox"/> Serum <input type="checkbox"/> Swab <input type="checkbox"/> Whole Blood <input type="checkbox"/> Other (specify): _____		
<input type="checkbox"/> Euthanized Method _____				

*Test Information			
Pathology	Bacteriology	Parasitology	Referral/Other
<input type="checkbox"/> Necropsy <input type="checkbox"/> Histopathology	<input type="checkbox"/> Aerobic Culture <input type="checkbox"/> Aerobic Culture & Susceptibility	<input type="checkbox"/> Fecal flotation <input type="checkbox"/> Cryptosporidium stain	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

Date Received:	Received By:	Case Coordinator:
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Results derived from testing may be used for statistical surveillance of animal health in Nova Scotia. Laboratory Services complies with the Federal Health of Animals Act. Laboratory Services will make all reasonable efforts to keep personal information confidential and not disclose personal identifiers. Specimens are analyzed as provided. The laboratory takes no responsibility for the accuracy of information submitted.

*** = Required Information**

History and Special Requests