

Ruminant Submission Form

Animal Health Laboratory
NS Department of Agriculture

Physical Address

Hancock Building 65 River Rd.
Bible Hill, NS B2N 2P3
PH. (902) 893-6540 / Fax (902) 895-6684

Mailing Address

P.O. Box 890, Truro, NS
B2N 5G6

AHL LABORATORY ID**DATE RECEIVED****Date Sampled:****Date Submitted:****Sample Submitted by:** Owner Veterinarian Inspector Other _____**Send Report to:** Owner Veterinarian Inspector Other _____**How you would like to receive your report (check one)** Email Fax Mail**Owner Information****Name:****Farm Name:****Address:****Postal Code:****Phone:****Fax:****Email:****Premise ID** _____**Identification** _____**Species** _____**Breed** _____**Sex** Male Female**Age** ___ days weeks months years**Commodity** Meat Dairy Other**Herd Size** _____ mature
_____ immature**Number sick** _____**Number dead** _____**Duration of problem** days weeks months years**Veterinarian:****Veterinary Clinic****Email/Fax:****Number of Specimens****No. Sent** **Specimen Type** **No. Received**

_____ Whole Carcass _____

_____ Whole Blood _____

_____ Serum _____

_____ Urine _____

_____ Feces _____

_____ Fresh Tissue _____

_____ Fixed Tissue _____

_____ Fluid _____

_____ Swab _____

_____ Other: _____ _____

_____ Other: _____ _____

_____ Other: _____ _____

Sample ID _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____**History and Special requests (additional space on back)**
(presenting illness, clinical signs, treatments, vaccinations, etc) **Euthanized** Method _____**Pathology**

- Necropsy
 Histopathology

Bacteriology

- Aerobic culture
 Aerobic culture/sensitivity
 Anaerobic culture
 KIS Test

Virology

- Rotavirus PCR
 Coronavirus PCR

Parasitology

- Fecal Flotation
 Baermann
 Cryptosporidium stain
 Cryptosporidium/Giardia FA

Serology/Other

- _____

History and Special requests

Laboratory Use Only:

AHL Lab ID:	Verification of receipt in Lab
Specimen Type	No. Received in Lab
Whole Carcass	
Whole Blood	
Serum	
Urine	
Feces	
Fresh Tissue	
Fixed Tissue	
Fluid	
Swab	
Other:	
Other:	
Other:	

Received in lab by:	Date:
---------------------	-------