

# Ovine/Caprine/Camelid/Cervid Form

Veterinary Diagnostic Services

545 University Crescent, Winnipeg, Manitoba R3T 5S6

P: 204-945-8220 F: 204-948-2654 E: vetlab@gov.mb.ca

W: www.manitoba.ca/agriculture/vds



Routine  Legal  Rush (advanced notice and history required, fees apply) \_\_\_\_\_

Rabies Suspect  Yes  No (no other testing to occur until rabies status determined)

Veterinarian \_\_\_\_\_ Billing clinic \_\_\_\_\_

Additional report to (limit of one) \_\_\_\_\_

**Information including physical location and premises identification number are required for the purpose of effective reporting and traceability**

Owner/Farm name \_\_\_\_\_ Farm location \_\_\_\_\_

(Legal Land Location and Municipality)

Premises # \_\_\_\_\_ Reference (info to be included on report) \_\_\_\_\_

Species:  Goat  Sheep  Elk  Alpaca  Llama  Other \_\_\_\_\_

Related case # \_\_\_\_\_ Sample collection date \_\_\_\_\_

Animal ID \_\_\_\_\_ Age \_\_\_\_\_ d  w  m  y  Weight \_\_\_\_\_ Sex M  F

**History** (include treatments, vaccines, syndrome, duration of problem, etc.)  continued on back page

If you are submitting more than 5 samples and require identification numbers on the report, you must submit a downloadable ID sheet to vetlab@gov.mb.ca before testing. The sheet is available on our website: www.manitoba.ca/agriculture/vds.

Samples submitted:

Serum \_\_\_\_\_  Other \_\_\_\_\_

Swab (indicate site) \_\_\_\_\_  Fresh \_\_\_\_\_

Feces \_\_\_\_\_  Fixed \_\_\_\_\_

## ANATOMIC PATHOLOGY

Necropsy (gross examination)

Histopathology

## CLINICAL PATHOLOGY

### Hematology

CBC (includes differential & fibrinogen)

Differential only

Platelet count

Fibrinogen

### Biochemistry

Complete profile

Individual test (see manual)

BHBA & NEFA (dairy)

### Cytology

Fluid cytology (see manual)

Cytology smear

CSF (contact lab)

### Urine

Routine urinalysis (includes sediment exam)

## TSE

CWD

Scrapie

## MICROBIOLOGY

### Bacteriology

Culture & Sensitivity

FAT C. chauvoei

FAT C. novyi

FAT Clostridia panel

M.a. paratuberculosis (AGID)

### Mycology

Fungal culture

### Parasitology

Direct exam

FAT Giardia & Cryptosporidium

Fecal flotation

Fecal egg count

Parasite ID

## VIROLOGY

### PCR

Chlamydomphila abortus

Coxiella burnetii

Cryptosporidium parvum

Bovine viral diarrhea virus (BVDV)

Malignant catarrhal fever virus (OHV-2)

M. a. paratuberculosis

Neospora caninum

Toxoplasma gondii

**Send out: Please specify test & Referral Lab**

\_\_\_\_\_  
Name of submitter (please print)

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## Continued History

Veterinarian

Owner

**Privacy Notice:**

By submitting this Form, the Submitter acknowledges and agrees that: (1) all information provided on this form is complete and true to the best of their knowledge; (2) if the Submitter is not the owner of the animal(s), then the Submitter is the authorized agent of the owner or has been authorized by the owner to submit this Form and the sample(s); (3) the Submitter consents to disclosures of submitted information and materials and test results to any persons or entities identified on this Form and any necessary persons and entities as required by legislation respecting reportable diseases and for the surveillance and protection of animal and human health; and (4) the Submitter has read and understands the notices on the Veterinary Diagnostic Services Laboratory (VDS) website respecting confidentiality, disclosure, privacy and ownership of submitted materials.

The personal information collected in this form is collected in accordance with the Privacy Notice on the VDS website. For more information on the Privacy Notice, please contact the Manitoba Agriculture's Access and Privacy Coordinator at 204-945-4823 or email ardfippa@gov.mb.ca.