

Instructions for Completing the Bovine Form

For your convenience, save the pre-filled form and use it as a template. Click on **File**, click **Save As** (when saving it for the first time) or **Save** (when revising a previous template).

Print all applicable pages and submit it to the laboratory along with the sample(s). For cases with a long history, please send the submission form to vetlab@gov.mb.ca as this expedites case entry and transcription. See page 3 for an example of a completed submission form.

Fill in blanks. Information in bold indicates a **required** field:

1. **Routine, Legal or Rush**
 - a. A chain of custody form should accompany the sample and submission form for legal cases.
 - b. You can access the chain of custody form and fee schedule on our website <http://www.manitoba.ca/agriculture/vds>
 - c. Additional charges may apply if rush requests are accommodated. Please indicate date results are required and tests you would like rushed. The fee schedule lists our turnaround times.
2. **Rabies Suspect**
 - a. Indicate if this is a suspect case.
 - b. We will not proceed with any other testing until the status of the rabies result is known.
3. **Name of Veterinarian, Clinic, Additional Report To**
 - a. Include the first and last name of the veterinarian.
 - b. Referring clinic will be billed automatically unless indicated otherwise.
 - c. Referring and billing clinic will automatically receive the report. We accommodate requests for reporting to one additional person. Please indicate full name and contact information including phone number and email address.
4. **Owner/Farm Name**
 - a. Include owner's full name (first and last name) and/or farm name.
5. **Farm Location**
 - a. Include the legal land location and municipality (e.g., NE 13-3-4E, RM of Little Fork).
6. **Premises #/Reference**
 - a. Premises # consists of a 7-digit number (e.g., MB 1234567).
 - b. Reference can include any information that helps you match your record to our report (e.g., Barn 2 south side).

ATTENTION: Important Note About Client Information

- a. Premises # and Farm Location are important for traceability and therefore must be provided to receive Manitoba Agriculture supported rates for testing.
 - b. For more information on Manitoba's Premises Identification Program, please visit our website.
7. **Production Type:**
 - a. This information is important because some of the diseases are specific to certain production types.

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8. Related Case

- a. It is helpful for us to know the previous VDS case number. Previous results can help with diagnostic plans, test result interpretation, and diagnosis.

9. Sample Collection Date

- a. This information allows us to determine the acceptability of the sample for testing.

10. Animal ID, Age, Sex, Weight

- a. Providing information on the animal is important when submitting for necropsy as it affects testing and interpretation.
- b. Label samples with farm name and a second identifier such as animal identification. This will ensure sample and form are matched correctly when it arrives to the lab.

11. History

- a. This helps us to interpret test results and determine what organs to sample during necropsy. Based on the history, we can also make recommendations for additional testing. Start with gathering information:
 - i. Age when problems started (onset, duration)
 - ii. Recent changes in this barn (e.g., maintenance, lighting, ventilation)
 - iii. Is the herd being treated with anything? Vitamins? Vaccinations?
 - iv. Have there been any problems with the herd prior to this?
- b. When submitting multiple samples for serology, indicate pooling requirements.

12. Samples Submitted

- a. Indicate the type and number of samples submitted.
- b. If you are submitting more than 5 samples and require sample identification numbers on the report you must submit a multiple samples downloadable id sheet (see instructions on our website).

13. Tests

- a. Check off the test(s) you would like performed. If a test is not on the form use the **Send Out** box in the left bottom corner to indicate testing. Specify the test and the laboratory you would like the samples sent to for additional testing. Additional charges for send outs will apply.

14. Name of Submitter

- a. If the submission is coming directly through the clinic, include the veterinarian's name.
- b. If the owner submits the sample/carcass to VDS, we may ask for the submitter's full name and contact information in case we have follow-up questions.

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Bovine Form

Veterinary Diagnostic Services
545 University Crescent, Winnipeg, Manitoba R3T 5S6
P: 204-945-8220 E: vetlab@gov.mb.ca
W: www.manitoba.ca/agriculture/vds



☐ Routine ☐ Legal ☒ Rush (advanced notice and history required, fees apply) By Friday August 8, 2025
Rabies Suspect ☐ Yes ☒ No (no other testing to occur until rabies status determined)
Veterinarian Dr. John Smith Billing clinic Manitoba Veterinary Clinic
Additional report to (limit of one) Dr. Amanda Protect, aprotect@hotmail.com, cell: 204-345-8967

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

Owner/Farm name Molly Bloom Farm Farm location NE 13-3-4E, RM of Little Fork
(Legal Land Location and Municipality)
Premises # MB1234567 Reference (info to be included on report) Barn 2 south side
Production Type ☒ Beef ☐ Dairy Breed: _____ Related case # 18-12345 Sample collection date August 6, 2025
Animal ID MB-12349 Age 2 d ☐ w ☐ m ☒ y Weight _____ Sex M ☒ F ☐

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

Vaccinations are up-to-date for the herd. Submitting fresh tissue from field necropsy. Detailed history on the back.

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) nasal swab ☒ Fresh lung
☐ 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)
☐ Bile acids (random)

Other

☐ Fluid cytology (see manual)
☐ Cytology smear
☐ Routine urinalysis
(includes sediment exam)

Dr. John Smith

Name of submitter (please print)

MICROBIOLOGY

☐ Brucella abortus-BPAT
☐ Culture & sensitivity
☐ FAT C. chauvoei
☐ FAT C. novyi
☐ FAT Clostridia panel
☐ Milk bulk tank culture
☐ Milk composite culture
☐ Milk quarter culture
☐ FAT Giardia & Cryptosporidium
☐ Fecal flotation
☐ Fecal egg count
☐ Parasitology direct exam
☐ Parasite ID
☐ Tritrichomonas pouch
☐ Baermann test (lungworms)
☐ Fungal culture

VIROLOGY

PCR

☐ Calf Enteric Panel (Rota, Corona, Crypto.)
☐ Anaplasma marginale
☐ Bacillus anthracis
☐ Bovine Coronavirus
☐ Bovine Respiratory Panel

VIROLOGY (continued)

PCR (continued)

☐ Bovine viral diarrhea virus (BVDV)
☐ Bovine herpesvirus 1 (IBRV)
☐ Bovine Rotavirus A
☒ Bovine respiratory syncytial virus (BRSV)
☐ Chlamydia abortus
☐ Coxiella burnetii
☐ Cryptosporidium parvum
☐ Leptospira spp.
☐ Malignant catarrhal fever virus (OHV-2)
☐ M.a. paratuberculosis
☐ Mycoplasma bovis
☐ Neospora caninum
☐ Ureaplasma diversum

ELISA

☐ Bovine leukemia virus (BLV)
☐ M.a. paratuberculosis
☐ Neospora caninum

Send out: Please specify test & Referral Lab