

Ovine/Caprine/Camelid/Cervid 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) _____

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

☐ Chlamydia 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.