

Zoo and Wildlife 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



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

Submitter/Veterinarian _____ Submitting organization _____

Additional report to (limit of one) _____

Reference (info to be included on report) _____ Location _____

Species _____ Sample collection date _____

Animal ID _____ Estimated age _____ d w m y Sex M F

If you are submitting a body for necropsy please provide the following information in case follow-up is required

Submitter's name _____ Submitter's contact information _____

History (clinical signs, estimated time of death, reason for submission, climate factors, etc.)

Samples submitted (indicate sample type, site and #):

- EDTA / Heparin (#) _____ Serum (red top) (#) _____ Urine free catch (#) _____ Fresh _____
 Blood smears (#) _____ Serum (SST) (#) _____ Urine catheter (#) _____
 Cytology smears (#) _____ Fluid (#) _____ Swab site (#) _____ Fixed _____

CLINICAL PATHOLOGY

Hematology

- CBC (includes differential & fibrinogen)
 Differential only
 Platelet count
 Fibrinogen

Biochemistry

- Complete profile
 Individual test (see manual)

CLINICAL PATHOLOGY

Cytology

- Fluid cytology (see manual)
 Cytology smear
 Bone marrow (contact lab)
 CSF (contact lab)
 Urine cytology

Urine

- Routine urinalysis (includes sediment exam)

TSE

- CWD
 Scrapie

ANATOMIC PATHOLOGY

- Necropsy gross examination
 Histopathology

MICROBIOLOGY

Bacteriology

- Culture and sensitivity
Other _____

Mycology

- Fungal culture

Parasitology

- Fecal flotation
 Parasite ID

Other _____

VIROLOGY

Other _____

Send out: Please specify test & Referral Lab

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.