

Instructions for Completing the Companion Animal 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 patient 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, Billing Clinic**, Additional Report To
 - a. Include the first and last name of the veterinarian.
 - b. Billing clinics 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/Reference**
 - a. We provided a section for Owner/Reference. This can include any information that helps you match your record to our report. This also helps us search our records when you contact the lab to enquire on the status of testing.
5. **Species**
 - a. Knowing the species is essential for selecting test methods and interpreting results.
6. 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.
7. **Sample Collection Date**
 - a. This information allows us to determine the acceptability of the sample for testing.
8. **Animal ID, Age, Weight, Sex, Species, Breed**
 - a. Providing information on the animal is important as it can affect testing and interpretation.
 - b. Label samples with the animal's name or animal identification number provided on the form. This will ensure sample and form are matched correctly when they arrive at the lab.

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9. History

- a. Providing history related to clinical signs, treatment, duration of problem, etc. This helps us to interpret test results and determine what tissue to harvest during necropsy. Based on the history we can also make recommendations for additional testing.
- b. For surgical biopsy/dermatopathology use the diagram on page 2 of our submission form to specify location.

10. Samples Submitted

- a. Indicate the type and number of samples submitted.
- b. If you are submitting urine for bacterial culture and urinalysis, we recommend that you submit two samples to expedite testing.

11. 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.

12. 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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Veterinary Diagnostic Services
 545 University Crescent, Winnipeg, Manitoba R3T 5S8
 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 No Yes (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
 Owner/Reference (max 30 characters) Molly Bloom, Client # 1234
 Species Canine Breed Border Collie Related case # 18-12345 Sample collection date February 25, 2018
 Animal ID Ringo Age 10 d w m y Weight 16 kg Sex M MN F FS

History (include treatments, vaccines, descriptions of lesions, etc.) _____ continued on back page
 Came into the clinic for annual physical. Owner noticed a small mass on the back of the neck ~ 3 weeks ago.

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

EDTA / Heparin (#) 1 Serum (red top) (#) 1 Urine cystocentesis (#) _____ Swab site (#) _____
 Blood smears (#) 2 Serum (SST) (#) _____ Urine free catch (#) _____ Fresh _____
 Cytology smears (#) 3 Fluid (#) _____ Urine catheter (#) _____ Fixed _____
 FNA from mass _____ Litter box (#) _____

CLINICAL PATHOLOGY

Hematology

- CBC (includes differential)
- Differential only
- Platelet count
- Reticulocyte count
- Coombs test
- Knott's microfilaria
- Biochemistry
- Complete profile
- Kidney panel (see manual)
- Hepatic panel (see manual)
- Individual test (see manual)

- Bile acids
- Random Fasting Post Prandial
- Fructosamine
- Phenobarbital

- Endocrinology
- ACTH stimulation test
- Cortisol
- Low dose Dex.
- High dose Dex.
- Progesterone

Endocrinology (cont.)

- Total T4
- Free T4 (canine)
- Canine TSH
- Thyroid Profiles
- #1 (T4, FT4, cTSH)
- #2 (T4, cTSH)
- #3 (T4, FT4)
- Cytology
- Fluid cytology (see manual)
- Cytology smear
- Urine cytology
- Bone marrow (contact lab)
- CSF (contact lab)
- Urine
- Routine urinalysis (includes sediment exam)
- Protein/Creatinine ratio
- Other
- Canine Snap 4Dx Plus
- FeLV/FIV Snap
- Fecal occult blood
- Ethylene glycol

ANATOMIC PATHOLOGY

- Necropsy (gross examination)
- Private Cremation
- Mass Cremation
- (VDS does not release animal remains)
- Histopathology

MICROBIOLOGY

- Bacteriology
- Culture and sensitivity
- Brucella canis IFAT
- Clostridium difficile toxin ELISA
- Clostridium perfringens toxin ELISA
- Mycology
- Fungal culture
- Parasitology
- Direct exam
- FAT Giardia & Cryptosporidium
- Fecal flotation
- Parasite ID
- Baermann test (lungworms)

VIROLOGY

- Feline PCR
- Feline URT Panel
- Feline herpesvirus 1
- Feline calicivirus
- Chlamydomphila felis
- Mycoplasma felis
- Feline panleukopenia virus
- Mycoplasma haemofelis
- Feline leukemia virus
- Canine PCR
- Anaplasma phagocytophilum
- Borrelia burgdorferi
- Canine distemper virus
- Canine parvovirus
- Leptospira spp.
- Mycoplasma haemocanis

Send out: Please specify test & Referral Lab

John Smith
 Name of submitter (please print)

The personal information on this form is collected under the authority of The Animal Diseases Act and will only be used for the purposes intended under the legislation. It is protected by the provisions of The Freedom of Information and Protection of Privacy Act. Rev 1/2020