

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