



Lab Use Only

AVC Lab #:

Bacteriology & Mycology General Submission Form

Atlantic Veterinary College

University of Prince Edward Island
550 University Avenue
Charlottetown, PE
C1A 4P3

Diagnostic Services

(902)566-0863 (General Inquiries)
(902)566-0821 (Bacteriology)
(902)566-0723 (Fax)

PLEASE COMPLETE ALL FIELDS, PRINT LEGIBLY, AND ENTER ONLY ONE OWNER PER FORM

Billing ID #	Internal case/Reference No.:		
Veterinarian/Submitter Name: Clinic/Laboratory Name: Address:	Owner Name: Animal Name: <i>(for multiple animals, use reverse)</i> Species: Breed: Sex: M MC F FS UN Date of Birth (DD/MM/YYYY):		
Telephone No.:	Fax No.:		
Antimicrobial treatment in the last seven days? NO YES <i>if yes, list:</i>		Reason for testing:	
Clinical and treatment history or other relevant information:		Clinical/Diagnostic Surveillance/Monitoring Research/Development Teaching	
Date of Sample Collection: <i>Indicate number of specimens submitted and site(s) sampled</i>			
SWAB – identify:	HAIR	URINE	
FLUID – identify:	NAILS	SWAB	FLUID
FECES	SKIN SCRAPINGS	<i>Cystocentesis</i>	
MILK	TOOTH BRUSH	<i>Catheter</i>	
SERUM		<i>Free catch</i>	
TISSUE – identify:		<i>Collected in surgery</i>	
		ISOLATES*	
		PLATE – identify:	
		SLANT – identify:	
		BROTH – identify:	
		SWAB	
		OTHER:	
		<i>*isolates can only be submitted with prior approval</i>	

BACTERIOLOGY & MYCOLOGY AVAILABLE TESTS

ROUTINE BACTERIOLOGY & MYCOLOGY	BOVINE MASTITIS	SPECIAL BACTERIOLOGY & MYCOLOGY <i>(for pure bacterial/fungal isolates only)</i>
AEROBIC CULTURE & SENSITIVITY TESTING BACT.	CULTURE 1-10 SAMPLES MAST1	BACTERIAL ID - MALDI-TOF MSID
ANAEROBIC CULTURE ADD-ON* BACT+	CULTURE 11+ SAMPLES MAST2	BACTERIAL ID - GENE SEQUENCING BACSEQ
ANAEROBIC CULTURE ANAER.	SENSITIVITY REQUEST ADD-ON MKB	FUNGAL ID - GENE SEQUENCING MYCSEQ
DERMATOPHYTE (RINGWORM) CULTURE RWORM	PATHOGEN SCREENING USING CULTURE	REFERENCE LABORATORY TESTING
FILAMENTOUS FUNGI CULTURE MYCO.	METHICILLIN-RESISTANT STAPHYLOCOCCI MRS	BRUCELLA CANIS SEROLOGY C.BRUC
FOLLOW-UP AEROBIC CULTURE* RESUB	MOTILE SALMONELLA SPECIES BACSAM	MYCOPLASMA CULTURE MYCOC
FOLLOW-UP DERMATOPHYTE CULTURE* REMYCO	STREPTOCOCCUS EQUI (STRANGLES) STREQ	MYCOPLASMA PCR MPPCR
GRAM STAIN & INTERPRETATION GRAM	ANTIMICROBIAL SENSITIVITIES IF ISOLATED MIC	specify <i>Mycoplasma</i> species:
ACID-FAST STAIN & INTERPRETATION AF	OTHER* - please specify:	OTHER – please specify:
ANITMICROBIAL SENSITIVITY TESTING		
BROTH MICRODILUTION MIC		

*Tests marked with an asterisk require pre-approval from the laboratory. Contact the laboratory for more details.

BACTERIOLOGY & MYCOLOGY SUBMISSION FORM

Multiple animal/sample identification. For milk samples, identify the teat quarter or circle all for composite samples.

Sample	Identification	Quarter	Sample	Identification	Quarter
1		RF RH LF LH	21		RF RH LF LH
2		RF RH LF LH	22		RF RH LF LH
3		RF RH LF LH	23		RF RH LF LH
4		RF RH LF LH	24		RF RH LF LH
5		RF RH LF LH	25		RF RH LF LH
6		RF RH LF LH	26		RF RH LF LH
7		RF RH LF LH	27		RF RH LF LH
8		RF RH LF LH	28		RF RH LF LH
9		RF RH LF LH	29		RF RH LF LH
10		RF RH LF LH	30		RF RH LF LH
11		RF RH LF LH	31		RF RH LF LH
12		RF RH LF LH	32		RF RH LF LH
13		RF RH LF LH	33		RF RH LF LH
14		RF RH LF LH	34		RF RH LF LH
15		RF RH LF LH	35		RF RH LF LH
16		RF RH LF LH	36		RF RH LF LH
17		RF RH LF LH	37		RF RH LF LH
18		RF RH LF LH	38		RF RH LF LH
19		RF RH LF LH	39		RF RH LF LH
20		RF RH LF LH	40		RF RH LF LH

BOX TO BE CHECKED BY SUBMITTING VETERINARIAN IF SUBMISSION QUALIFIES FOR PEI PROVINCIAL GOVERNMENT SUBSIDY

- **AEROBIC CULTURE & SENSITIVITY TESTING** includes anaerobic screen on certain sample types and antimicrobial sensitivity testing on a maximum of 2 aerobic and fast-growing isolates per sample. **ANAEROBIC CULTURE ADD-ON** must be added to identify anaerobic organisms.
- **FOLLOW UP CULTURES** are available for 2 months after the original culture. The original AVC Lab Number must be recorded in the history.
- **PATHOGEN SCREENING** methods detect pathogens using selective enrichment. Extra charges will apply for antimicrobial sensitivity testing.

Samples will be stored by the laboratory for 1 week after the date of submission. Arrangements for prolonged storage must be made at the time of submission.

PLEASE CONTACT THE LABORATORY at (902) 566-0821 or refer to our [website](https://diagnosticservices.avc.upei.ca) for further information about test selection, specimen selection or for any other information related to the services of the Diagnostic Services Bacteriology Laboratory at AVC.

Filling out the Bacteriology & Mycology Submission Form:

1. The *Bacteriology & Mycology Submission Form* (QA-F-105A) can be requested from AVC Diagnostic Services or found on our website, <https://diagnosticservices.avc.upei.ca>. Please complete **all** fields and write legibly.
2. Place the submission form in a separate plastic bag during shipment.

Note: Specimen(s) submitted for testing including agents isolated and intellectual property that can arise from the processing of specimens become the property of UPEI. Arrangements should be made in writing at the time of submission if there are issues or concerns.