



SAMPLES TAKEN Date: ___/___/___ (yyyy/mm/dd) Time of day ___:___ Date sent ___/___/___ (yyyy/mm/dd)

SUBMITTED BY [] Veterinarian [] Owner [] Other BILL [] Veterinarian [] Other

Important. Please read. The submitter confirms that they are the owner or a duly authorized agent. Anonymized test results will be shared with the Ontario Government for purposes of animal and public health surveillance.

Form fields for Clinic No., Clinic, Address, City, Veterinarian, Email, Owner unique ID, Premises ID, Farm postal code, Species, Animal ID, Breed, Age, Sex.

History and lesion description (Clinical signs, lesion location/distribution/size/appearance, onset/duration of problem, current drug therapy, vaccinations), Weight, Duration of problem, Rabies suspect?, Insurance claim?, Possible litigation?, Resubmission?, Previous case #, STAT (Additional charges apply)

CLINICAL PATHOLOGY: Biochemistry, Hematology, Cytology, Bacteriology, Parasitology, Virology, Mycoplasma, Histopathology, Sendout Tests, Other Tests Requested. # SPECIMENS table with Sent and Received columns.

Any questions? Please contact the lab. AHL - Guelph Courier Address, Animal Health Laboratory Laboratory Services Division, RECEIVED BY: Initial, Courier [], Drop-off []



Comments/History (Continued)

ID#	Identification	ID #	Identification