



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. Contact information will be disclosed only in accordance with applicable law/legal obligation, including reportable disease legislation. Samples cannot be returned to the submitter due to biosafety regulations. Specimens submitted and any information or intellectual property arising therefrom belong to University of Guelph unless otherwise arranged in writing prior to submission. Information collected may be shared in accordance with applicable legislation, including without limitation, the Freedom of Information and Protection of Privacy Act.

| | |
|--|--------------------------------------|
| Clinic No. | Owner unique ID (max. 40 characters) |
| Clinic | |
| Address | Address |
| Phone | Premises ID Farm postal code |
| Veterinarian | Phone Email |
| Email | Farm |
| *DEMOGRAPHIC INFORMATION IMPORTANT*** | |
| Barn/pen/floor/batch ID | |

| | | | | |
|---|---|--|---|---|
| Commodity (check). <input type="checkbox"/> Meat <input type="checkbox"/> Dairy <input type="checkbox"/> Other Herd size _____ No. at risk _____ No. sick _____ No. dead _____ Weight _____ kg Duration of problem _____ days _____ weeks _____ months _____ years | Species _____ Breed _____ Age ____ d ____ w ____ m ____ y Sex F M <input type="checkbox"/> Rabies suspect? <input type="checkbox"/> Insurance claim? <input type="checkbox"/> Possible litigation? <input type="checkbox"/> Resubmission? Previous case # _____ | Case type: <input type="checkbox"/> Diagnostic <input type="checkbox"/> Research <input type="checkbox"/> Monitoring <input type="checkbox"/> Other | History (treatments, vaccinations, management, including all current drug therapy) Other testing requests and/or special instructions _____ | <input type="checkbox"/> STAT (Additional charges apply) Please use back of form if more than 20 samples are submitted or (preferred) send an excel spreadsheet to specroom@uoguelph.ca (Animal ID in 1 column). |
|---|---|--|---|---|

| CLINICAL PATHOLOGY Biochemistry <input type="checkbox"/> Bovine profile <i>bprf</i> <input type="checkbox"/> Bovine metabolic profile (minimum 5 specimens) <i>bmprf</i> <input type="checkbox"/> Caprine profile <i>gprf</i> <input type="checkbox"/> Ovine profile <i>opr</i> <input type="checkbox"/> Beta-hydroxybutyrate <i>bhba</i> <input type="checkbox"/> Haptoglobin <i>hp</i> <input type="checkbox"/> Non-esterified fatty acids <i>nefa</i> Hematology <input type="checkbox"/> CBC (incl. Diff & TS) <i>cbcf</i> <input type="checkbox"/> CBC, no differential <i>ndcbc</i> <input type="checkbox"/> CBC, with machine diff. <i>adcbc</i> <input type="checkbox"/> Iron + TIBC <i>fetib</i> Urinalysis <input type="checkbox"/> Routine urinalysis <i>urin</i> Coagulation <input type="checkbox"/> Fibrinogen <i>fib</i> <input type="checkbox"/> Coagulation profile 3 (PT, PTT, coag3) <i>coag3</i> VIROLOGY <input type="checkbox"/> BTV - ELISA <i>btveli</i> <input type="checkbox"/> BTV/EHDV - PCR <i>btvehdv</i> <input type="checkbox"/> Bovine astrovirus - PCR <i>boastpc</i> <input type="checkbox"/> Bovine coronavirus - VN <i>bcbv</i> <input type="checkbox"/> Bovine leukemia virus - ELISA <i>blvb</i> <input type="checkbox"/> Bov. respiratory syncytial virus-VN <i>brs</i> <input type="checkbox"/> BVDV (type 1a Singer) - VN <i>bvds</i> <input type="checkbox"/> BVDV (type 1a NADL) - VN <i>bvdn</i> <input type="checkbox"/> BVDV (type 2, NVSL 125) - VN <i>bvd2</i> | <input type="checkbox"/> BVDV/BAAdV/BCoV - PCR <i>bvdadco</i> <input type="checkbox"/> IBRV - VN <i>ibr</i> <input type="checkbox"/> IBRV/BoHV -1 - Ab ELISA <i>ibre</i> <input type="checkbox"/> IBR/BoHV-1 rt RT - PCR <i>ibr</i> <input type="checkbox"/> Maedi-visna virus/CAEV-Ab ELISA <i>mvveh</i> <input type="checkbox"/> Malignant catarrhal fever (MCF) <i>mcfpcr</i> <input type="checkbox"/> ORF-BPSV PCR <i>orfbps</i> <input type="checkbox"/> Rotavirus/coronavirus PCR <i>rocopcr</i> <input type="checkbox"/> Scrapie - ELISA <i>scrpe</i> <input type="checkbox"/> Scrapie - genotyping (caprine) <i>prpgoat</i> <input type="checkbox"/> Scrapie - genotyping (ovine) <i>prp</i> Panels <input type="checkbox"/> Bovine abortion panel - PCR <i>boabopc</i> (BoHV-1/IBR, Leptospira, Neospora caninum) <input type="checkbox"/> Bovine abortion panel—Serology <i>(Bvdn, bvd2, ibr, leptmatf, neo)</i> <input type="checkbox"/> Bov. comprehensive. resp. panel <i>brsppnl</i> (BVDV, BAAdV, BCoV, BoHV-1/IBR, BPIV-3, BRSV, M. bovis - PCR, bacterial culture) <input type="checkbox"/> Bov. respiratory panel - PCR <i>brvp3</i> (BoHV-1/IBR, BPIV-3, BRSV) <input type="checkbox"/> Bovine neonatal enteric panel <i>bentpnl</i> (BCoV, Rota A/B - PCR, sucrose wet mount, bacterial culture) (Submit 3 specimens) <input type="checkbox"/> Bov. respiratory panel, serology <i>resp</i> (<i>bav3 bcv brs bvdn bvd2 ibr pi3</i>) MYCOPLASMOLOGY/MOLECULAR <input type="checkbox"/> Anaplasma - PCR <i>anapcr</i> (A. marginale & A. centrale) <input type="checkbox"/> Chlamydia abortus/Coxiella burnetii -PCR <i>cacbpcr</i> <input type="checkbox"/> Chlamydia abortus - PCR <i>cpapcr</i> | <input type="checkbox"/> Coxiella burnetii - PCR <i>mcpcr</i> <input type="checkbox"/> Cryptosporidium spp. - PCR <i>crypt</i> <input type="checkbox"/> Mycoplasma culture <i>mcultf</i> <input type="checkbox"/> Mycoplasma bovis - PCR <i>mbpcr</i> <input type="checkbox"/> Toxoplasma gondii - PCR <i>toxopcr</i> BACTERIOLOGY Site: _____ <input type="checkbox"/> Culture and susceptibility <i>cultf</i> <input type="checkbox"/> Aerobic & anaerobic culture <i>ancultf</i> <input type="checkbox"/> Anaerobic culture <i>ancuf</i> <input type="checkbox"/> Abortion culture <i>bcabo</i> <input type="checkbox"/> Abortion culture with Campylobacter <i>bcabc</i> <input type="checkbox"/> C. difficile - culture <i>cdiff</i> <input type="checkbox"/> C. perfringens - typing - PCR <i>operf</i> <input type="checkbox"/> Listeria culture <i>lmin</i> <input type="checkbox"/> C. difficile toxins - ELISA <i>clodf</i> <input type="checkbox"/> Coxiella burnetii (Q fever) - ELISA <i>qfeia</i> <input type="checkbox"/> E. coli ETEC (enterotoxigenic)-PCR <i>ecolf</i> <input type="checkbox"/> E. coli VTEC (verotoxigenic)-PCR <i>vtecf</i> <input type="checkbox"/> Leptospirosis profile - MAT <i>leptmatf</i> <input type="checkbox"/> Leptospira spp - PCR <i>leptpcr</i> <input type="checkbox"/> M paratuberculosis-ELISA (bovine/ovine) <i>john</i> <input type="checkbox"/> M paratuberculosis-ELISA (goat) <i>xjohe</i> <input type="checkbox"/> M. paratuberculosis - PCR <i>jpcr</i> <input type="checkbox"/> Mycology-fungal culture <i>myc</i> <input type="checkbox"/> Salmonella Dublin - ELISA <i>salmdel</i> <input type="checkbox"/> Salmonella Dublin - PCR <i>sdpcr</i> | PARASITOLGY <input type="checkbox"/> Fecal flotation <i>fflot</i> <input type="checkbox"/> Fecal egg count McMaster <i>fecrm</i> <input type="checkbox"/> Neospora caninum ELISA <i>neo</i> <input type="checkbox"/> Sucrose wet mount (Crypto). <i>sucwt</i> TOXICOLOGY <input type="checkbox"/> Lead, blood <i>tpbb</i> <input type="checkbox"/> Mineral panel, heavy metals <i>hmssc</i> (Sb As Be B Cd Co Cr Cu Fe Pb Hg Mg Mn Mo Ni Se Sn Tl Zn) (EDTA, tissue) <input type="checkbox"/> Mineral panel Trace element, serum <i>icpse</i> (Co Cu Fe Mo Mn Se Zn) <input type="checkbox"/> Trace element, tissue <i>icpti</i> (Co Cu Fe Mo Mn Se Zn) <input type="checkbox"/> Selenium, blood <i>Tsemsb</i> <input type="checkbox"/> Selenium, serum <i>tsems</i> <input type="checkbox"/> Vitamin E, serum <i>vite</i> | <table border="1"> <tr> <th># SPECIMENS Sent</th> <th>Received</th> </tr> <tr> <td>Blood serum</td> <td>_____</td> </tr> <tr> <td>Serum</td> <td>_____</td> </tr> <tr> <td>EDTA</td> <td>_____</td> </tr> <tr> <td>Urine</td> <td>_____</td> </tr> <tr> <td>Feces</td> <td>_____</td> </tr> <tr> <td>Fresh tissue</td> <td>_____</td> </tr> <tr> <td>Fixed tissue</td> <td>_____</td> </tr> <tr> <td>Fluid</td> <td>_____</td> </tr> <tr> <td>Scrapings</td> <td>_____</td> </tr> <tr> <td>Slide</td> <td>_____</td> </tr> <tr> <td>Swab</td> <td>_____</td> </tr> <tr> <td>VTM swabs</td> <td>_____</td> </tr> <tr> <td>Other</td> <td>_____</td> </tr> <tr> <td>List:</td> <td>_____</td> </tr> <tr> <td>Animal ID</td> <td>_____</td> </tr> <tr> <td>●</td> <td>_____</td> </tr> <tr> <td>●</td> <td>_____</td> </tr> <tr> <td>●</td> <td>_____</td> </tr> <tr> <td>●</td> <td>_____</td> </tr> <tr> <td>●</td> <td>_____</td> </tr> <tr> <td>●</td> <td>_____</td> </tr> </table> | # SPECIMENS Sent | Received | Blood serum | _____ | Serum | _____ | EDTA | _____ | Urine | _____ | Feces | _____ | Fresh tissue | _____ | Fixed tissue | _____ | Fluid | _____ | Scrapings | _____ | Slide | _____ | Swab | _____ | VTM swabs | _____ | Other | _____ | List: | _____ | Animal ID | _____ | ● | _____ | ● | _____ | ● | _____ | ● | _____ | ● | _____ | ● | _____ |
|---|---|---|--|---|------------------|----------|-------------|-------|-------|-------|------|-------|-------|-------|-------|-------|--------------|-------|--------------|-------|-------|-------|-----------|-------|-------|-------|------|-------|-----------|-------|-------|-------|-------|-------|-----------|-------|---|-------|---|-------|---|-------|---|-------|---|-------|---|-------|
| # SPECIMENS Sent | Received | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Blood serum | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Serum | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EDTA | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Urine | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feces | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fresh tissue | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fixed tissue | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fluid | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Scrapings | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Slide | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Swab | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VTM swabs | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List: | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Animal ID | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ● | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ● | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ● | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ● | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ● | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ● | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| AHL Website: http://ahl.uoguelph.ca AHL GUELPH: 519-824-4120 ext: 54530, Fax: 519-821-8072 Email: ahlinfo@uoguelph.ca AHL KEMPTVILLE: 613-258-8320, Fax: 613-258-8324 | AHL Guelph Courier Address AHL - University of Guelph Attention: Specimen Reception 50 Stone Rd, 419 Gordon St, Bldg 89 | AHL Kemptville Courier Address Animal Health Laboratory, Laboratory Services Division University of Guelph 79 Shearer Street | RECEIVED BY: _____ Initial _____ Courier <input type="checkbox"/> Drop-off <input type="checkbox"/> |
|--|--|---|---|

