



Lab use only

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

SUBMITTED BY  Veterinarian  Owner  Agent BILL  Veterinarian  Agent

By submitting samples for testing to AHL, the Submitter acknowledges that s/he is the owner or is a duly authorized agent of the owner. The Submitter acknowledges and agrees that AHL may share test results and Contact Information as it deems necessary for the purposes of relevant legislation regarding reportable or notifiable diseases and for the purpose of surveillance of animal or public health in Ontario.

Clinic No.	Owner Unique ID (max. 40 characters)		
Clinic			
Address	Postal Code	Species: _____	Animal ID: ● _____
City	Phone	Breed: _____	● _____
Veterinarian	Fax	Age: _____ d / w / m / y (circle)	● _____
Email	Sex: (check one) <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> M/N <input type="checkbox"/> F/S		

**Type of biopsy:**  Excisional  Wedge  Fine needle  Endoscopic Other: \_\_\_\_\_

**Histology:** (1-2 biopsies or tissues): \_\_\_\_\_ (*histcm1*)  
 (3-6 biopsies or tissues): \_\_\_\_\_ (*histcm2*)  
 (>7 biopsies or tissues): \_\_\_\_\_ (*histcm3*)  
 Endoscopic or skin biopsies: \_\_\_\_\_ (*histcm1*)  
 Tumour margins (for tumours greater than 2cm, requiring additional slide \_\_\_\_\_ (*histt*))

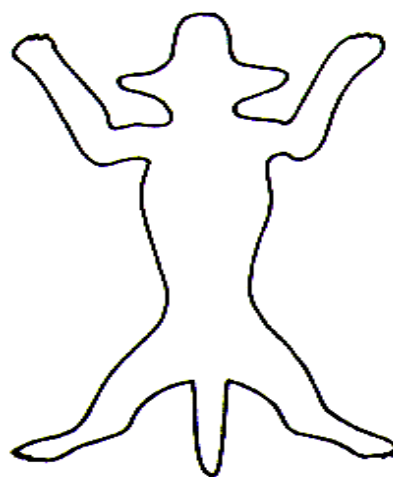
**Cytology:** Smears: \_\_\_\_\_ (*cytsm*) Fluid: \_\_\_\_\_ (*cyto*) Bone marrow: \_\_\_\_\_ (*bm*)  
 Fluid (Check all that apply—detail when applicable) (*cyto*)

Abdominal  Thoracic  Synovial  CSF  Urine  Transtracheal

**Clinical information, history, including treatment, and description of lesion (s)**

Location/Source of Material: \_\_\_\_\_  
 Size and shape: \_\_\_\_\_  
 Growth pattern (expansion, invasion, pedunculation, etc.): \_\_\_\_\_  
 Duration: \_\_\_\_\_  
 Rate of growth: \_\_\_\_\_  
 History of recurrence: \_\_\_\_\_  
 Additional information (treatment?, suspected disease?): \_\_\_\_\_

Location/distribution of lesion (s)



Dorsal  Ventral

# SPECIMENS

Sent	Received
Fixed tissue	_____
Fluid	_____
Slide	_____

Other: \_\_\_\_\_  
 List: \_\_\_\_\_

VIA:  
 Courier  
 Drop-off  
 Mail  
 Other

RECEIVED BY: \_\_\_\_\_

**Any questions? Please contact the lab.**

Email: [ahinfo@uoguelph.ca](mailto:ahinfo@uoguelph.ca)  
 Website: <http://ahl.uoguelph.ca>  
 AHL GUELPH: 519-824-4120 ext: 54530, Fax: 519-821-8072  
 AHL KEMPTVILLE: 613-258-8320, Fax: 613-258-8324

AHL - Guelph Courier Address  
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 Guelph, ON N1G 2W1  
 Attn: Specimen Reception

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 Univ of Guelph/Kemptville  
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