UNIVERSITY of GUELPH

ANIMAL HEALTH LABORATORY

HISTOLOGY AND CYTOLOGY SUBMISSION FORM

Lab use only

SAMPLES TAKEN Date: _____/____/____(yyyy/mm/dd) Time of day ____:____

SUBMITTED BY ◯ Veterinarian ◯ Owner ◯ Other

Date sent_____/____/____ (yyyy/mm/dd)

BILL ◯ Veterinarian ◯ Other

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	**Age:** _____d / w / m / y (circle) ● _____
Email	**Sex:** (check one) ☐ M ☐ F ☐ M/N ☐ 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.):

_____

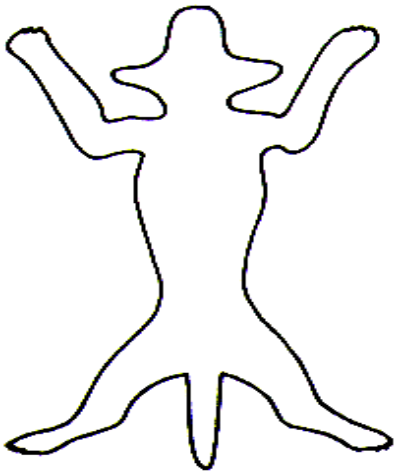
Duration:_____

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: ahlinfo@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
UoG Animal Health Lab-PAHL
419 Gordon Street-Bldg 89
Guelph, ON N1G 2W1
Attn: Specimen Reception

Animal Health Laboratory
Laboratory Services Division
Univ of Guelph/Kemptville Campus
79 Shearer Street
Kemptville, Ontario K0G 1J0

AHLBCH (2018-06-29)