



Lab use only

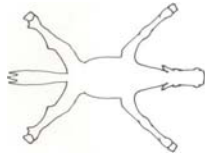
SAMPLES TAKEN Date: ____/____/____ (yyyy/mm/dd) Time of day ____:____ Date sent ____/____/____ (yyyy/mm/dd)

SUBMITTED BY Veterinarian Owner Agent **BILL** Veterinarian Agent

Important. Please read. Contact Information must be supplied with all samples submitted for testing to the Animal Health Lab ("AHL"). Agricultural animal testing carried out through AHL is subsidized by the Government of Ontario. 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 | Premises ID _____ Farm Postal Code _____ |
| Address | Postal Code _____ |
| City | Phone _____ |
| Veterinarian | Fax _____ |
| Email | |
| | Species <u>EQUINE</u> Animal ID _____ |
| | Breed _____ |
| | Age: <input type="checkbox"/> d <input type="checkbox"/> w <input type="checkbox"/> m <input type="checkbox"/> y Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> M/N |

| | | |
|---|--|---|
| History and lesion description (Clinical signs, lesion location/distribution/size/appearance, onset/duration of problem, current drug therapy, vaccinations) | Weight _____ kg. Duration of problem: ____ days ____ weeks ____ months ____ years | <input type="checkbox"/> Rabies suspect? <input type="checkbox"/> Insurance claim? <input type="checkbox"/> Possible litigation? <input type="checkbox"/> Resubmission? Previous case # _____ |
| | <input type="checkbox"/> STAT (Additional charges apply) | |
| Clinical diagnosis | | |

| CLINICAL PATHOLOGY Biochemistry <input type="checkbox"/> Biochem. profile equine <i>eprf</i> <input type="checkbox"/> Hepatic health profile <i>hplmp</i> <input type="checkbox"/> Pre-surgical profile <i>pslmp</i> <input type="checkbox"/> Renal health profile <i>nlmp</i> <input type="checkbox"/> Albumin <i>alb</i> <input type="checkbox"/> ALP <i>sap</i> <input type="checkbox"/> AST <i>ast</i> <input type="checkbox"/> Bile acids, single <i>bilss</i> <input type="checkbox"/> Bilirubin, conjugated <i>cbil</i> <input type="checkbox"/> Bilirubin, total <i>tbil</i> <input type="checkbox"/> Calcium <i>ca</i> <input type="checkbox"/> Cholesterol <i>chol</i> <input type="checkbox"/> Creatine kinase (CK) <i>ck</i> <input type="checkbox"/> Creatinine <i>creat</i> <input type="checkbox"/> GGT <i>ggt</i> <input type="checkbox"/> Glucose <i>gluc</i> <input type="checkbox"/> GLDH <i>gladh</i> <input type="checkbox"/> Insulin <i>ins</i> <input type="checkbox"/> Iron & TIBC <i>fetib</i> <input type="checkbox"/> Magnesium <i>mg</i> <input type="checkbox"/> Na, K, Cl <i>lyte</i> <input type="checkbox"/> Osmolality <i>osm</i> <input type="checkbox"/> Phosphorus <i>p</i> <input type="checkbox"/> Total protein <i>tp</i> <input type="checkbox"/> Triglycerides <i>trig</i> <input type="checkbox"/> Urea (BUN) <i>urea</i> Coagulation <input type="checkbox"/> Profile1 (PT, PTT) <i>ptpt</i> | <input type="checkbox"/> Profile 3 (PT,PTT,Fib) <i>coag3</i> <input type="checkbox"/> Fibrinogen <i>fib</i> Endocrinology, Special Chemistry <input type="checkbox"/> ACTH <i>acth</i> <input type="checkbox"/> Cushing's 2 (ACTH,cort,gluc,ins) <i>cuin</i> <input type="checkbox"/> Cushing's 3 (ACTH,cort,gluc,ft4d) <i>cufft</i> <i>(Cushing's panel = frozen EDTA plasma & serum)</i> <input type="checkbox"/> Electrophoresis <i>elphr</i> <input type="checkbox"/> serum <input type="checkbox"/> urine <input type="checkbox"/> Foal IgG - CITE ELISA <i>c-igg</i> <input type="checkbox"/> Progesterone <i>p4</i> <input type="checkbox"/> Serum amyloid A (SAA) <i>saa</i> <input type="checkbox"/> Thyroid, total T4 <i>tt4</i> <input type="checkbox"/> Thyroid profile 1 (ft4d, tt4) <i>tprf1</i> <input type="checkbox"/> Thyroid, free T4 by dialysis <i>ft4d</i> Urinalysis Type: <input type="checkbox"/> free flow <input type="checkbox"/> cystocentesis <input type="checkbox"/> catheterized <input type="checkbox"/> Routine urinalysis <i>urin</i> <input type="checkbox"/> Na,K,Cl creat., Ca, P <i>uchem</i> <input type="checkbox"/> Urine protein:creatinine. ratio <i>upcr</i> <input type="checkbox"/> Myoglobin electrophoresis <i>urmye</i> <input type="checkbox"/> Fecal occult blood <i>fec</i> Hematology <input type="checkbox"/> CBC, comprehensive <i>cbc</i> <input type="checkbox"/> Coombs' test, direct <i>coomd</i> <input type="checkbox"/> Crossmatch, setup <i>crx</i> <input type="checkbox"/> # _____ donors (Crossmatch) <i>crxeq</i> Cytology Site _____ <input type="checkbox"/> Cytology smears <i>cytasm</i> <input type="checkbox"/> Cyto. fluids (inc. CSF) <i>cyto</i> | <input type="checkbox"/> Cytology, bone marrow <i>bm</i> BACTERIOLOGY <input type="checkbox"/> Anaerobic culture <i>ancun</i> <input type="checkbox"/> Bacterial culture, fecal, equine <i>cultnf1</i> <input type="checkbox"/> Culture & susceptibility <i>cultn</i> <input type="checkbox"/> <i>C. difficile</i> toxins - ELISA <i>clodn</i> <input type="checkbox"/> <i>C. perfringens</i> - ELISA <i>clop</i> <input type="checkbox"/> <i>C. difficile</i> - culture <i>cdifn</i> <input type="checkbox"/> Gram stain <i>gram</i> <input type="checkbox"/> Lepto. screen - MAT <i>leptmatn</i> <input type="checkbox"/> <i>L. intracellularis</i> - PCR <i>lapcn</i> <input type="checkbox"/> Mycology - fungal culture <i>myc</i> <input type="checkbox"/> <i>Streptococcus equi</i> - PCR <i>sequi</i> PARASITOLOGY <input type="checkbox"/> Fecal egg count (McMas) <i>fecm</i> <input type="checkbox"/> Fecal egg count (Wisc.) <i>fecw</i> <input type="checkbox"/> Fecal flotation <i>flote</i> VIROLOGY <input type="checkbox"/> EEEV IgM ELISA <i>xeeevme</i> <input type="checkbox"/> EEEV - PCR <i>eeepn</i> <input type="checkbox"/> Eq. herpesvirus 1 - PCR <i>ehv12</i> <input type="checkbox"/> Eq. herpesvirus 1/4-VN <i>evr</i> <input type="checkbox"/> Eq. herpesvirus 2-VN <i>eh2</i> <input type="checkbox"/> Equine rhinitis A virus-VN <i>er1</i> <input type="checkbox"/> Equine rhinitis B virus-VN <i>er2</i> <input type="checkbox"/> Influenza A matrix, PCR <i>inflpr</i> <input type="checkbox"/> Respiratory panel - VN <i>respe</i> <i>(evr eh2 er1 er2 h7n7hi h3n8h)</i> <input type="checkbox"/> Virus iso. in cell culture <i>ison</i> <input type="checkbox"/> WNV - IgM ELISA <i>xwnveq</i> <input type="checkbox"/> WNV - PCR <i>wvnpn</i> | MYCOPLASMOLOGY <input type="checkbox"/> Mycoplasma, culture <i>mcultn</i> <input type="checkbox"/> Potomac horse fever - PCR <i>phfpc</i> TOXICOLOGY <input type="checkbox"/> Feed additives screen <i>scrfa</i> (monensin, narasin, salinomycin) <input type="checkbox"/> Mineral panel, heavy metal screen <i>hmssc</i> (Sb As Be B Cd Co Cr Cu Fe Pb Hg Mg Mn Mo Ni Se Sn Tl Zn) <input type="checkbox"/> Selenium, serum/blood <i>tsems</i> <input type="checkbox"/> Vitamin E, serum <i>vite</i> HISTOPATHOLOGY <input type="checkbox"/> Histopathology <i>histem</i> View  Lesion location <input type="radio"/> Dorsal <input type="radio"/> Ventral OTHER TESTS REQUESTED (See Fee schedule for complete listing) <input type="radio"/> _____ <input type="radio"/> _____ | # SPECIMENS <table border="1"> <tr> <th>Sent</th> <th>Received</th> </tr> <tr> <td>Whole blood</td> <td>_____</td> </tr> <tr> <td>Serum</td> <td>_____</td> </tr> <tr> <td>EDTA</td> <td>_____</td> </tr> <tr> <td>Cit. Na.</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>Other:</td> <td>_____</td> </tr> </table> List: _____ VIA <input type="radio"/> Courier <input type="radio"/> Drop-off <input type="radio"/> Mail <input type="radio"/> Other RECEIVED BY _____ | Sent | Received | Whole blood | _____ | Serum | _____ | EDTA | _____ | Cit. Na. | _____ | Urine | _____ | Feces | _____ | Fresh tissue | _____ | Fixed tissue | _____ | Fluid | _____ | Scrapings | _____ | Slide | _____ | Swab | _____ | Other: | _____ |
|---|---|--|--|---|------|----------|-------------|-------|-------|-------|------|-------|----------|-------|-------|-------|-------|-------|--------------|-------|--------------|-------|-------|-------|-----------|-------|-------|-------|------|-------|--------|-------|
| | Sent | Received | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Whole blood | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Serum | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EDTA | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cit. Na. | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Urine | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feces | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fresh tissue | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fixed tissue | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fluid | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Scrapings | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Slide | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Swab | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other: | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Any questions? Please contact the lab.
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 Attn: Specimen Reception

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