



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	Address		
Address	Postal Code	Premises ID	Barn Postal Code
City	Phone	Phone	Email
Veterinarian	Fax	Farm	Fax
Email	Barn/Pen/Floor/Batch ID		

DEMOGRAPHIC INFORMATION IMPORTANT		History (treatments, vaccinations, management, including all current drug therapy)									
Species _____	<input type="checkbox"/> Rabies suspect	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Case type</td> <td style="width: 50%;"><input type="checkbox"/> Diagnostic</td> </tr> <tr> <td><input type="checkbox"/> Insurance claim</td> <td><input type="checkbox"/> Monitoring</td> </tr> <tr> <td><input type="checkbox"/> Possible litigation</td> <td><input type="checkbox"/> Research</td> </tr> <tr> <td><input type="checkbox"/> Previous case #</td> <td><input type="checkbox"/> Other</td> </tr> </table>		Case type	<input type="checkbox"/> Diagnostic	<input type="checkbox"/> Insurance claim	<input type="checkbox"/> Monitoring	<input type="checkbox"/> Possible litigation	<input type="checkbox"/> Research	<input type="checkbox"/> Previous case #	<input type="checkbox"/> Other
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Sex <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> mixed	<input type="checkbox"/> Possible litigation										
	<input type="checkbox"/> Previous case #										
Herd Size _____ No. at risk _____ No. sick _____ No. dead _____ Weight _____ <input type="checkbox"/> kg <input type="checkbox"/> lb Duration of problem: _____ days _____ weeks _____ months _____ years		Special instructions <input type="checkbox"/> STAT (additional charges apply)									

CLINICAL PATHOLOGY Biochemistry <input type="checkbox"/> Profile _____ <input type="checkbox"/> Avian/reptilian -Vetscan <i>scana</i> <input type="checkbox"/> Creatinine <i>creat</i> <input type="checkbox"/> Cortisol <i>cort</i> <input type="checkbox"/> Electrolyte profile <i>lyte</i> <input type="checkbox"/> Fructosamine <i>fruc</i> <input type="checkbox"/> Haptoglobin <i>hp</i> <input type="checkbox"/> NEFA <i>efa</i> <input type="checkbox"/> Progesterone <i>p4</i> <input type="checkbox"/> Total T4 <i>tt4</i> <input type="checkbox"/> Other: _____ Coagulation <input type="checkbox"/> Fibrinogen <i>fib</i> <input type="checkbox"/> Profile1 (PT, PTT) <i>ptpt</i> <input type="checkbox"/> Profile 3 (PT,PTT,Fib) <i>coag3</i>	Hematology <input type="checkbox"/> CBC, food animal <i>cbcf</i> <input type="checkbox"/> CBC, companion animal <i>cbc</i> <input type="checkbox"/> CBC, avian/reptilian <i>avcbc</i> <input type="checkbox"/> Platelet count <i>plts</i> <input type="checkbox"/> Reticulocytes <i>ret</i> Urinalysis <input type="checkbox"/> Routine <i>urin</i> Type: <input type="checkbox"/> free flow <input type="checkbox"/> catheterized <input type="checkbox"/> cystocentesis Cytology Site _____ <input type="checkbox"/> Cytology smears <i>cytsm</i> <input type="checkbox"/> Cyto. fluids (inc. CSF) <i>cyto</i> <input type="checkbox"/> Cytology, bone marrow <i>bm</i>	<input type="checkbox"/> Anaerobic culture, comp. <i>ancun</i> <input type="checkbox"/> Leptospirosis, food animal <i>leptmatf</i> <input type="checkbox"/> Leptospirosis, comp. <i>leptmatn</i> <input type="checkbox"/> Mycology - fungal culture <i>myc</i> <input type="checkbox"/> Other: _____ VIROLOGY <input type="checkbox"/> Aleutian dis., mink herd-CIE <i>adhrd</i> <input type="checkbox"/> CWD-ELISA <i>cwde</i> <input type="checkbox"/> Virus isolation, comp. animal <i>ison</i> <input type="checkbox"/> Virus isolation, food animal <i>iso</i> PARASITOLOGY <input type="checkbox"/> Fecal flotation, food animal <i>fflot</i> <input type="checkbox"/> Fecal flotation, companion <i>flofn</i> MYCOPLASMOLOGY <input type="checkbox"/> Mycoplasma culture, cell line <i>mculc</i> <input type="checkbox"/> Mycoplasma culture, food <i>mculf</i> <input type="checkbox"/> Mycoplasma culture, comp. <i>mculn</i>	HISTOPATHOLOGY # of tissues/biopsies _____ <small>*t/b=tissues/biopsies</small> <input type="checkbox"/> Histopathology (1-2 t/b*) <i>histcm1</i> <input type="checkbox"/> Histopathology (3-6 t/b*) <i>histcm2</i> <input type="checkbox"/> Histopathology (7+ t/b*) <i>histn</i> <input type="checkbox"/> Food animal <i>hist</i> <input type="checkbox"/> Pocket pet, pet bird <i>histp</i> <input type="checkbox"/> Immunohistochemistry (IHC)- Lesion location View <input type="radio"/> Dorsal <input type="radio"/> Ventral	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;"># SPECIMENS</th> </tr> <tr> <th style="text-align: center;">Sent</th> <th style="text-align: center;">Received</th> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">Whole blood _____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">Serum _____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">EDTA _____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">Urine _____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">Feces _____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">Fresh tissue _____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">Fixed tissue _____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">Fluid _____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">Scrapings _____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">Slide _____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">Swab _____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">Other _____</td> </tr> <tr> <td colspan="2">List: _____</td> </tr> </table>	# SPECIMENS		Sent	Received	_____	Whole blood _____	_____	Serum _____	_____	EDTA _____	_____	Urine _____	_____	Feces _____	_____	Fresh tissue _____	_____	Fixed tissue _____	_____	Fluid _____	_____	Scrapings _____	_____	Slide _____	_____	Swab _____	_____	Other _____	List: _____	
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Fish Testing:

Fish processing incl. wet-mounts on skin and gill []; Number of fish ____ **fishpm** Note: One charge for up to 4 fish.

Histology; Number of fish ____ **hist** Note: One charge for up to 4 fish

Bacterial culture; Number of fish ____ **cultfish**

Note: One setup charge will be applied to each submission **fsetup**

Note: One culture charge will be applied to each sample **organ**

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
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