



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	Dairycomp ID (ANIMAL ID FIELD):
Postal Code	Address
City	Phone
Veterinarian	Fax
	Premises ID
	Farm Postal code
Email	Phone
	Fax
Project	Email

Species: \_\_\_\_\_ Breed: \_\_\_\_\_

**History**  
**\*\*\*Clinician/Submitter: Please see reverse of this form and enter ID's as in the example provided\*\*\***

\*Total number of animals milking on sample day \_\_\_\_ . Samples submitted  Fresh (never frozen)  Frozen

<p><b>*****Please Check All Applicable Tests*****</b></p> <p><b>Mastitis Testing</b></p> <p><input type="checkbox"/> Culture only (<i>mast</i>)</p> <p><input type="checkbox"/> Culture and antimicrobial susceptibility testing (<i>mast</i>)</p> <p><input type="checkbox"/> Bulk tank - culture only (<i>bulkc</i>)</p> <p><input type="checkbox"/> Somatic cell counts – <b>Fresh milk only</b> (<i>scc</i>)</p> <p><input type="checkbox"/> Beta – lactamase testing – on <i>Staphylococcus aureus</i> isolates</p> <p><b>Mycoplasma sp. testing</b></p> <p><input type="checkbox"/> <i>Mycoplasma sp.</i> culture, individual milk (<i>mcuIm</i>)</p> <p><input type="checkbox"/> <i>Mycoplasma sp.</i> culture, bulk tank milk (<i>mcuIb</i>)</p> <p><input type="checkbox"/> <i>Mycoplasma bovis</i> - PCR (<i>mbpcr</i>)</p>	<p><b>Bacterial Counts - Bedding</b></p> <p><input type="checkbox"/> Bacterial total aerobic count, bedding (<i>tab</i>)</p> <p><input type="checkbox"/> Bacterial total coliform count, bedding (<i>tcb</i>)</p> <p><input type="checkbox"/> Bacterial total aerobic and coliform count, bedding (<i>tacb</i>)</p> <p><b>Bacterial Counts – Colostrum/Milk</b></p> <p><input type="checkbox"/> Bacterial total aerobic count, colostrum/milk (<i>tam</i>)</p> <p><input type="checkbox"/> Bacterial total coliform count, colostrum/milk (<i>tcm</i>)</p> <p><input type="checkbox"/> Bacterial total aerobic and coliform count, colostrum/milk (<i>tacm</i>)</p>
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<p><b>Any questions? Please contact the lab.</b></p> <p>Email: <a href="mailto:ahinfo@uoguelph.ca">ahinfo@uoguelph.ca</a>                  Website: <a href="http://ahl.uoguelph.ca">http://ahl.uoguelph.ca</a>                  AHL GUELPH: 519-824-4120 ext: 54530, Fax: 519-821-8072                  AHL KEMPTVILLE: 613-258-8320, Fax: 613-258-8324</p>	<p><b>AHL - Guelph Courier Address</b></p> <p>UoG Animal Health Lab-PAHL                  419 Gordon Street-Bldg 89                  Guelph, ON N1G 2W1                  Attn: Specimen Reception</p>	<p>Animal Health Laboratory                  Laboratory Services Division                  Univ of Guelph/Kemptville Campus                  79 Shearer Street                  Kemptville, Ontario K0G 1J0</p>
		<p># Specimens Received _____</p> <p>Initial _____</p> <p>Specimens Received by: _____</p> <p style="text-align: right;">Courier <input type="checkbox"/>                  Drop-off <input type="checkbox"/></p>



Owner Unique ID \_\_\_\_\_

Farm/Barn \_\_\_\_\_

Vial #	Animal ID				Vial #	Animal ID			
AHL data field→	Animal/Client Sample ID field		Producer ID field	For BACT use only	AHL data field→	Animal/Client Sample ID field		Producer ID field	For BACT use only
	Primary cow ID (Cow mgmt # or name)	Secondary Cow ID (if available)	(LH, LF, RH, RF, C or BT)	(Clinical Non-clinical)		Primary cow ID (Cow mgmt # or name)	Secondary Cow ID (if available)	(LH, LF, RH, RF, C or BT)	(Clinical Non-clinical)
1	BESSIE	321	LH	<input checked="" type="checkbox"/> CL <input type="checkbox"/> NC	17	BERTIE	213	RH	<input type="checkbox"/> CL <input checked="" type="checkbox"/> NC
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LEGEND	
<b>C</b>	Composite
<b>BT</b>	Bulk tank
<b>CL</b>	Clinical
<b>NC</b>	Non-clinical