



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
Email	Premises ID
Project	Farm Postal code
	Phone
	Fax
	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

*******Please Check All Applicable Tests*******

Mastitis Testing

- Culture only (*mast*)
- Culture and antimicrobial susceptibility testing (*mast*)
- Bulk tank - culture only (*bulkc*)
- Somatic cell counts – **Fresh milk only** (*scc*)
- Beta – lactamase testing – on *Staphylococcus aureus* isolates

Mycoplasma sp. testing

- Mycoplasma* sp. culture, individual milk (*mculm*)
- Mycoplasma* sp. culture, bulk tank milk (*mculb*)
- Mycoplasma bovis* - PCR (*mbpcr*)

Bacterial Counts - Bedding

- Bacterial total aerobic count, bedding (*tab*)
- Bacterial total coliform count, bedding (*tcb*)
- Bacterial total aerobic and coliform count, bedding (*tacb*)

Bacterial Counts – Colostrum/Milk

- Bacterial total aerobic count, colostrum/milk (*tam*)
- Bacterial total coliform count, colostrum/milk (*tcm*)
- Bacterial total aerobic and coliform count, colostrum/milk (*tacm*)

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

Specimens Received _____

Initial _____
Specimens Received by:

Courier
Drop-off



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	
C	Composite
BT	Bulk tank
CL	Clinical
NC	Non-clinical