



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

SUBMITTED BY: Veterinarian Owner Agent BILL: Veterinarian Agent Project

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. AHL: USE TEMPLATE OMAFPEDSURV-001		Owner Unique ID (max. 40 characters)	
Clinic		Address	
Address	Postal Code	Premises ID:	Barn Postal Code
County	Phone	Phone	Email
Veterinarian	Fax	Farm	Fax
Email	Barn/Pen/Floor/Batch ID		
Project	Species: porcine		
Herd size/Sows: _____	No at risk: _____	Breed: _____	
Nursery/Weaner: _____	No sick: _____	Age: _____ d / w / m / y (circle)	
Finisher: _____	No dead: _____	Sex: (circle one) M F M/N	
Boars: _____	Weight: _____ kg		
Other: _____	Duration of problem: _____		
	_____ d _____ w _____ m _____ y		

History: (treatments, vaccinations, management, including all current drug therapy)

*****For initial diagnosis only*****

# SPECIMENS	
Sent	Received
_____	_____
VTM	
Other: _____	
List: _____	

Test Requested:

Porcine coronavirus (PEDV, TGEV & PDCoV) - Triplex PCR **pcovpcr**

VIA:

Courier
 Drop-off
 Mail
 Other

Animal ID's:

_____ _____

_____ _____

_____ _____

_____ _____

RECEIVED BY:
