



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

Turkey <input type="checkbox"/> Chicken <input type="checkbox"/> Other _____	Age ____ weeks ____ Sex (check) <input type="checkbox"/> M <input type="checkbox"/> F Breed _____	Circle applicable commodity Broiler Breeder Broiler/Breeder Layer Layer/Breeder Meat Exhibition Other _____	Number of birds # _____ in flock	Band Numbers
			# _____ tested	

Reason for Testing: check all that apply <input type="checkbox"/> EU Export <input type="checkbox"/> OHSFP <input type="checkbox"/> Project <input type="checkbox"/> Other _____ <input type="checkbox"/> Export Date _____	<input type="checkbox"/> P.T.-tube <i>salmh</i>	<input type="checkbox"/> CAV-ELISA <i>cav1</i>	<input type="checkbox"/> AEV - ELISA <i>aev</i>
	<input type="checkbox"/> MGMS, <i>turkey</i> <i>mgmst</i>	<input type="checkbox"/> NDV-ELISA, <i>turkey</i> <i>ndvt</i>	<input type="checkbox"/> AIV - AGID <i>aif</i>
<input type="checkbox"/> MGMS, <i>chicken</i> <i>mgmsc</i>	<input type="checkbox"/> NDV-ELISA, <i>chicken</i> <i>ndvc</i>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Count <i>hatch</i>
<input type="checkbox"/> M.G.-H.I. <i>mgh</i>	<input type="checkbox"/> PMV3-HI <i>pm3</i>	<input type="checkbox"/> Culture <i>hsfe</i>	<input type="checkbox"/> Export surveillance <i>pull</i>
<input type="checkbox"/> M.S.-H.I. <i>msh</i>	<input type="checkbox"/> IBV - ELISA <i>ibv</i>	<input type="checkbox"/> Suspicious reactor/ excess mortality <i>hsfrem</i>	
<input type="checkbox"/> MME <i>mme</i>	<input type="checkbox"/> IBDV - ELISA <i>ibdxr</i>		
<input type="checkbox"/> M.M.-H.I. <i>mmh</i>	<input type="checkbox"/> REO - ELISA <i>reove</i>		

Type of specimen	Boots	Fluff	Blood	Env. Swab OHSFP	Env. Swab EU	Egg Shell	Meconium	Susp. Reactor	Other

Specimens (Continue on AHL worksheet)

Your Lab #	Identification or Machine	Your Lab #	Identification or Machine

Comments/History (Continue on AHL worksheet)

FOR LABORATORY USE ONLY

Inspector _____ Hours _____ Received Via Courier Drop-off Mail Other Initials _____

Any questions? Please contact the lab.
 Email: ahinfo@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

