

Lab use only

SAMPLES TAKEN Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (yyyy/mm/dd) Time of day \_\_\_\_:\_\_\_\_ Date sent \_\_\_\_/\_\_\_\_/\_\_\_\_ (yyyy/mm/dd)  
SUBMITTED BY  Veterinarian  Owner  Other BILL  Veterinarian  Other

**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
Project	Barn/Pen/Floor/Batch ID		

**\*\*\*IMPORTANT DEMOGRAPHIC INFORMATION \*\*\***

Animal ID _____ For additional animals ; _____ please add extra page or send Excel spreadsheet to ahlinfo@uoguelph.	Herd Size _____ No. at risk _____ No. sick _____ No. dead _____ Weight _____ kg Duration of problem ____ days ____ weeks ____ months ____ years	Commodity (check): Ruminant <input type="checkbox"/> meat <input type="checkbox"/> dairy other _____ Swine <input type="checkbox"/> sow <input type="checkbox"/> nursery/weaner <input type="checkbox"/> finisher <input type="checkbox"/> boar other _____ Chicken <input type="checkbox"/> broiler <input type="checkbox"/> layer <input type="checkbox"/> broiler-breeder <input type="checkbox"/> layer-breeder <input type="checkbox"/> exhibition <input type="checkbox"/> small farm Turkey <input type="checkbox"/> breeder <input type="checkbox"/> meat <input type="checkbox"/> exhibition <input type="checkbox"/> small farm
Species _____ Breed _____ Age _____ <input type="checkbox"/> d <input type="checkbox"/> w <input type="checkbox"/> m <input type="checkbox"/> y Sex <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> N		

Animals submitted #live: #dead: #fetus:  Placenta  Other specimens  
Date/time of death  Died or  Euthanized/method

**Problem List** (e.g. diarrhea, pneumonia, etc.)

1	3
2	4

**Clinical history** (include date of onset of problems)

Rabies suspect (Public Health/OMAFRA contacted)  
 Insurance claim  
 Possible litigation  
**\*\*Additional charges may apply\*\***

**Disposition of the body following post-mortem**

Cremation through a crematorium (handling fee applies & no paw prints available following PM due to biosecurity safety concerns)  
 Communal cremation at AHL (no additional fee)  
 Specific instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Summary of recent therapy

Vaccinations

Management (housing, nutrition, etc.)

Resubmission/Quote# \_\_\_\_\_

**Any questions? Please contact the lab.**

Email: ahlinfo@uoguelph.ca  
 Website: http://ahl.uoguelph.ca  
 AHL GUELPH: 519-824-4120 ext: 54530, Fax: 519-827-0961  
 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

Pathologist (print) \_\_\_\_\_

Date/time postmortem began: \_\_\_\_\_ Body weight kg \_\_\_\_\_ g \_\_\_\_\_

Animal identification (CCIA #, tag, tattoo, markings, etc.) \_\_\_\_\_

**External findings**

Body condition \_\_\_\_\_ hydration \_\_\_\_\_ fat stores \_\_\_\_\_ muscle mass \_\_\_\_\_

**Internal findings**

**Clinical problems answered at postmortem (list)**

**POSTMORTEM DIAGNOSIS**  Tentative  Final

Telephoned \_\_\_\_\_ Time postmortem completed \_\_\_\_\_  
Date/time \_\_\_\_\_

Pathologist \_\_\_\_\_ DVM

<input type="checkbox"/> Photos taken	<input type="checkbox"/> Radiology charge	<input type="checkbox"/> CT scan charge
<input type="checkbox"/> Legal case charge	<input type="checkbox"/> Out of hours charge	<input type="checkbox"/> Euthanasia charge

**TESTS REQUESTED**

Bacteriology	Mycoplasma/Molecular Biology	Virology	Hold
Parasitology	Clinical Pathology	Histology	Other/Send Outs
		Toxicology	