



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.

Form with fields: Clinic No., Clinic, Address, City, Veterinarian, Email, Project, Owner Unique ID, Premises ID, Barn Postal Code, Phone, Fax, Farm, Email, Barn/Pen/Floor/Batch ID

***IMPORTANT DEMOGRAPHIC INFORMATION ***

Form with fields: Animal ID, Species, Breed, Age, Sex, Herd Size, No. at risk, No. sick, No. dead, Weight, Duration of problem

Form with fields: Commodity (check): Ruminant [] meat [] dairy other, Swine [] sow [] nursery/weaner [] finisher [] boar other, Chicken [] broiler [] layer [] broiler-breeder [] layer-breeder [] exhibition [] small farm, Turkey [] breeder [] meat [] exhibition [] small farm

Form with fields: Animals submitted #live: #dead: #fetus: [] Placenta [] Other specimens, Date/time of death [] Died or [] Euthanized/method

Table with 2 columns: Problem List (e.g. diarrhea, pneumonia, etc.), 1 3, 2 4

Clinical history (include date of onset of problems) [] Rabies suspect [] Insurance claim [] Possible litigation **Additional charges may apply**

Disposition of the body following postmortem [] Cremation through a crematorium (handling fee applies) [] Communal cremation through AHL (no additional fee) [] Specific instructions: _____

Summary of recent therapy, Vaccinations, Management (housing, nutrition, etc.), Resubmission/Quote# _____

Any questions? Please contact the lab. 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 <input type="checkbox"/> Tentative <input type="checkbox"/> Final		Time postmortem completed _____ Telephoned _____ 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	