



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	Address
Postal Code	
City	Premises ID Farm Postal code
Veterinarian	Phone Email
Fax	
Email	Farm Fax

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

<b>Commodity (check).</b> <input type="checkbox"/> Meat <input type="checkbox"/> Dairy <input type="checkbox"/> Other	Species _____ Breed _____ Age <input type="checkbox"/> d <input type="checkbox"/> w <input type="checkbox"/> m <input type="checkbox"/> y Sex (check) <input type="checkbox"/> F <input type="checkbox"/> M	<b>History</b> (treatments, vaccinations, management, including all current drug therapy)
Herd Size _____ No. at risk _____ No. sick _____ No. dead _____ Weight _____ kg Duration of problem _____ days _____ weeks _____ months _____ years	<input type="checkbox"/> Rabies suspect? <input type="checkbox"/> Insurance claim? <input type="checkbox"/> Possible litigation? <input type="checkbox"/> Resubmission? Previous case # _____	Other testing requests and/or special instructions

<b>Case type:</b> <input type="checkbox"/> Diagnostic <input type="checkbox"/> Research <input type="checkbox"/> Monitoring <input type="checkbox"/> Other	<b>CLINICAL PATHOLOGY</b> <b>Biochemistry</b> <input type="checkbox"/> Bovine profile <i>bprf</i> <input type="checkbox"/> Bovine metabolic profile (minimum 5 specimens) <i>bmprf</i> <input type="checkbox"/> Caprine profile <i>gprf</i> <input type="checkbox"/> Ovine profile <i>opr</i> <input type="checkbox"/> Beta-hydroxybutyrate <i>bhba</i> <input type="checkbox"/> Haptoglobin <i>hp</i> <input type="checkbox"/> Non-esterified fatty acids <i>nefa</i> <b>Hematology</b> <input type="checkbox"/> CBC (incl. Diff & TS) <i>cbcf</i> <input type="checkbox"/> CBC, no differential <i>ndcbc</i> <input type="checkbox"/> CBC, with machine differential <i>adcbc</i> <input type="checkbox"/> Iron + TIBC <i>fetib</i> <b>Urinalysis</b> <input type="checkbox"/> Routine urinalysis <i>urin</i> <b>Coagulation</b> <input type="checkbox"/> Fibrinogen <i>fib</i> <input type="checkbox"/> Coagulation profile 1 (PT, PTT) <i>ptptt</i> <b>VIROLOGY</b> <input type="checkbox"/> Anaplasma Ab - ELISA <i>anape</i> <input type="checkbox"/> Respiratory panel, serology <i>respb</i> (bav3 bcv brs bvdn bvd2 ibr pi3) <input type="checkbox"/> Bovine adenovirus 3 - VN <i>bav3</i> <input type="checkbox"/> Bovine coronavirus - VN <i>bcv</i> <input type="checkbox"/> Bovine leukemia virus - ELISA <i>blvb</i>	<input type="checkbox"/> Bovine neonatal enteric panel <i>bentpnl</i> <input type="checkbox"/> Bovine PI3 virus - VN <i>pi3</i> <input type="checkbox"/> Bov. respiratory syncytial virus - VN <i>brs</i> <input type="checkbox"/> Rotavirus/coronavirus PCR <i>rocopcr</i> <input type="checkbox"/> Rotavirus, grp A,B,C <i>rotapcr</i> <input type="checkbox"/> BRSV-PCR <i>brvp3</i> <input type="checkbox"/> BVDV - Ag ELISA <i>bvde</i> <input type="checkbox"/> BVDV (type 1a Singer) - VN <i>bvds</i> <input type="checkbox"/> BVDV (type 1a NADL) - VN <i>bvdn</i> <input type="checkbox"/> BVDV (type 2, NVSL 125) - VN <i>bvd2</i> <input type="checkbox"/> BVDV - PCR <i>bvdrt</i> <input type="checkbox"/> CAEV - antibody ELISA <i>caeve</i> <input type="checkbox"/> IBRV - VN <i>ibr</i> <input type="checkbox"/> Maedi-visna virus - Ab ELISA Hyphen <i>mvveh</i> <input type="checkbox"/> Scrapie - ELISA <i>scspe</i> <input type="checkbox"/> Scrapie - genotyping <i>prp</i> <b>MYCOPLASMOLOGY</b> <input type="checkbox"/> Mycoplasma - culture <i>mcult</i> <input type="checkbox"/> Mycoplasma bovis - PCR <i>mbpcr</i> <b>BACTERIOLOGY</b> <input type="checkbox"/> Culture and susceptibility <i>cultf</i> <input type="checkbox"/> Anaerobic culture <i>ancuf</i> <input type="checkbox"/> <i>C. difficile</i> - culture <i>cdiff</i> <input type="checkbox"/> <i>C. perfringens</i> - typing - PCR <i>cperf</i> <input type="checkbox"/> Clostridia - FA <i>facif</i>	<input type="checkbox"/> <i>C. difficile</i> toxins - ELISA <i>clodf</i> <input type="checkbox"/> <i>E. coli</i> ETEC (enterotoxigenic) <i>ecolf</i> <input type="checkbox"/> <i>E. coli</i> VTEC (verotoxigenic) <i>vtecf</i> <input type="checkbox"/> Leptospirosis profile - MAT <i>leptmatf</i> <input type="checkbox"/> <i>M. paratuberculosis</i> - ELISA <i>john</i> <input type="checkbox"/> <i>M. paratuberculosis</i> - ELISA (goat, sheep) <i>xjohe</i> <input type="checkbox"/> <i>M. paratuberculosis</i> - PCR <i>jpocr</i> <input type="checkbox"/> MIC, bovine <i>micbp</i> <input type="checkbox"/> Mycology - fungal culture <i>myc</i> <b>PARASITOLOGY</b> <input type="checkbox"/> Fecal flotation <i>fflot</i> <input type="checkbox"/> Fecal egg count McMaster <i>fecrm</i> <input type="checkbox"/> <i>Neospora caninum</i> ELISA <i>neo</i> <input type="checkbox"/> Sucrose wet mount (Crypto.) <i>sucwt</i> <input type="checkbox"/> Fecal oocysts count <i>focmm</i> <b>TOXICOLOGY</b> <input type="checkbox"/> Mineral panel, heavy metals (Sb As Be B Cd Co Cr Cu Fe Pb Hg Mg Mn Mo Ni Se Sn Tl Zn) <i>hmsc</i> <input type="checkbox"/> Mineral panel, trace element (Co Cu Fe Mo Mn Se Zn) <i>icpse</i> <input type="checkbox"/> Selenium, serum/blood <i>tsems</i> <input type="checkbox"/> Vitamin E, serum <i>vite</i> <b>HISTOPATHOLOGY</b> <input type="checkbox"/> Histopathology <i>hist</i>	<b># SPECIMENS</b> Sent Received Whole blood _____ Serum _____ EDTA _____ Urine _____ Feces _____ Fresh tissue _____ Fixed tissue _____ Fluid _____ Scrapings _____ Slide _____ Swab _____ Other _____ List: _____ <b>VIA:</b> <input type="radio"/> Courier <input type="radio"/> Drop-off <input type="radio"/> Mail <input type="radio"/> Other <b>RECEIVED BY</b> _____
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**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	<b>AHL - Guelph Courier Address</b> UoG Animal Health Lab-PAHL 419 Gordon Street-Bldg 89 Guelph, ON N1G 2W1 Attn: Specimen Reception	<b>Animal Health Laboratory Laboratory Services Division</b> Univ of Guelph/Kemptville Campus 79 Shearer Street Kemptville, Ontario K0G 1J0
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## **ANIMAL HEALTH LABORATORY**

**ADDITIONAL ID WORKSHEET**

Comments/History (Continued)

ID#	Identification	ID #	Identification