



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 SCRAPIE-001**

Owner Unique ID (max. 40 characters) \_\_\_\_\_

Clinic

Municipality/CCS# \_\_\_\_\_ Farm Postal Code: \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Species: \_\_\_\_\_ No. at risk \_\_\_\_\_

County \_\_\_\_\_ Phone \_\_\_\_\_

Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ kg.

Veterinarian \_\_\_\_\_ Fax \_\_\_\_\_

Age: \_\_\_\_\_ d / w / m / y (circle)

Email

Sex: (circle one) M F M/N

Project

**AHL Billing Information**

**AHL Additional Reporting to OWNER**

Third party billing to Canadian Sheep Federation  
(AHL Client No.1775706)

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

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

**\*\*OWNER IS REQUIRED to pay for BRAIN REMOVAL if HEAD is submitted\*\***

Case type:

Monitoring

**Test Requested:**

Scrapie - ELISA *scrp*

**Animal ID's:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

# SPECIMENS

Sent \_\_\_\_\_ Received \_\_\_\_\_

Obex \_\_\_\_\_

Other: \_\_\_\_\_

List: \_\_\_\_\_

**Testing to ADD IF:**

**For cases with head submitted:**

Necropsy - Brain Removal *pmb*

**Owner (s) MUST pay for brain removal at time of sample drop off.**

(See fee guide for current price: code pmb)

VIA:

- Courier
- Drop-off
- Mail
- Other

**If cheque:** please attach to submission form

**If credit card** –fill out below

Please circle: Visa Mastercard

# \_\_\_\_\_

**Please fill out credit card information on the left.**

Expiry \_\_\_\_/\_\_\_\_(Month/Year)

**All credit card information will be destroyed upon payment.**

Name as it appears on card:

RECEIVED BY:

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

Email: [ahinfo@uoguelph.ca](mailto: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 Bldg 89

NW Corner Gordon/McGilvray

Guelph, ON N1G 2W1

Attn: Specimen Reception

AHL - Kemptville

University of Guelph

79 Shearer Drive

Mail Bag 2005

Kemptville, Ontario K0G 1J0