



Lab use only

SAMPLES TAKEN: Date: ____/____/____/(yyyy/mm/dd) Time of day: _____ Date sent ____/____/____/(yyyy/mm/dd)

SUBMITTED BY: Veterinarian Owner Agent **BILL:** Veterinarian Owner 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 Clinic _____ Address _____ Postal Code _____ County _____ Phone _____ Veterinarian _____ Fax _____ Email _____ Project _____	Owner Unique ID (max. 40 characters) _____ Municipality/CCS# _____ Farm Postal Code: _____ Species: _____ No. at risk _____ Breed: _____ Weight: _____ kg. Age: _____ d / w / m / y (circle) Sex: (circle one) M F M/N
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AHL Additional Reporting to OWNER

Email: _____
 Fax: _____

Billing Information:

****CLINIC OR OWNER ARE REQUIRED to pay for all testing and brain removal, Canadian Sheep Federation no longer covering cost of test(s)****

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

Case type:

Monitoring

Test Requested:

Scrapie - ELISA *scrpe*

Testing to ADD IF:
For cases with head submitted:

Necropsy - Brain Removal *pmbr*

Animal ID's:

(See fee guide for current price: code pmbr)

# SPECIMENS	
Sent _____	Received _____
Obex _____	
Other: _____	
List: _____	
VIA:	
<input type="radio"/> Courier	
<input type="radio"/> Drop-off	
<input type="radio"/> Mail	
<input type="radio"/> Other	
RECEIVED BY:	