



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
DEMOGRAPHIC INFORMATION IMPORTANT	
Bam/pen/floor/batch ID	

Breed: _____ Age: ____ d ____ w ____ m ____ y Sex (circle): M F Mixed	Chicken: <input type="checkbox"/> Broiler <input type="checkbox"/> Broiler-Breeder <input type="checkbox"/> Layer <input type="checkbox"/> Layer-Breeder <input type="checkbox"/> Exhibition <input type="checkbox"/> Small Flock	History: (treatments, vaccinations, management, including all current drug therapy)
Flock size: _____ No at risk: _____ No sick: _____ No dead: _____ Weight: _____ kg Duration of problem: _____ ____ d ____ w ____ m ____ y	Turkey <input type="checkbox"/> Meat <input type="checkbox"/> Breeder <input type="checkbox"/> Exhibition <input type="checkbox"/> Small Flock	
Case: <input type="checkbox"/> Diagnostic <input type="checkbox"/> Monitoring <input type="checkbox"/> Research <input type="checkbox"/> Other	Type of analysis: <input type="checkbox"/> Disease problem <input type="checkbox"/> Vaccination evaluation <input type="checkbox"/> Other	Special Instructions:
<input type="checkbox"/> Insurance claim? <input type="checkbox"/> Possible litigation? <input type="checkbox"/> Resubmission?	<input type="checkbox"/> STAT (Additional charges apply)	

VIROLOGY <input type="checkbox"/> ABV - PCR <i>abvrrt</i> <input type="checkbox"/> AEV - ELISA <i>aev</i> <input type="checkbox"/> AEV - PCR <i>aevrrt</i> <input type="checkbox"/> AIV - AGID <i>aif/aifn</i> <input type="checkbox"/> ALV Ag - ELISA <i>alve</i> <input type="checkbox"/> AMPV - PCR <i>ampvpcr</i> <input type="checkbox"/> Astrovirus - PCR <i>astrrt</i> <input type="checkbox"/> CAV - ELISA <i>cav1</i> <input type="checkbox"/> CAV - PCR <i>cavrrt</i> <input type="checkbox"/> Duck adenovirus 1 - PCR <i>dadvrrt</i> <input type="checkbox"/> FAdV - PCR (chicken only) <i>fadvrrt</i> <input type="checkbox"/> FAdV microneutralization <i>mnt811</i> <input type="checkbox"/> Genotyping for: _____ (Only PCR Positive samples) <input type="checkbox"/> HEV AGID <i>het</i> <input type="checkbox"/> IBDV - PCR <i>ibdvrtr</i> <input type="checkbox"/> IBDV-XR - ELISA <i>ibdxr</i> <input type="checkbox"/> IBV - ELISA <i>ibv</i> <input type="checkbox"/> IBV - PCR <i>ibvrrt</i> <input type="checkbox"/> ILTV - PCR <i>iltvrrt</i> <input type="checkbox"/> Influenza A, matrix - PCR <i>inflpcr</i> <input type="checkbox"/> Influenza A, antibody - ELISA <i>aifem</i>	<input type="checkbox"/> MG/MS combo, chicken-ELISA <i>mgmsc</i> <input type="checkbox"/> MG/MS combo, turkey-ELISA <i>mgmst</i> <input type="checkbox"/> M. meleagridis - ELISA <i>mme</i> <input type="checkbox"/> NDV - ELISA <i>ndvc/ndvt</i> <input type="checkbox"/> NDV matrix-PCR <i>apmvmpf/apmvmpn</i> <input type="checkbox"/> Paramyxovirus 3 HI <i>pm3</i> <input type="checkbox"/> Reovirus - ELISA <i>reove</i> <input type="checkbox"/> Reovirus - PCR <i>reortt</i> <input type="checkbox"/> Poxvirus - PCR <i>poxrtr</i> <input type="checkbox"/> S. Pullorum - typhoid - tube <i>salmh</i> <input type="checkbox"/> S. Enteritidis - tube <i>salmc</i> <input type="checkbox"/> WNV - PCR <i>wnvpr</i>	BACTERIOLOGY Site: _____ <input type="checkbox"/> Aerobic & anaerobic culture <i>ancultf/ancultn</i> <input type="checkbox"/> Anaerobic <i>ancult/ancun</i> <input type="checkbox"/> Culture and suscept. <i>cultf/cultn</i> <input type="checkbox"/> Botulism - MIT (serum) <i>mibts</i> <input type="checkbox"/> Botulism - MIT (tissue/feed) <i>mibst</i> <input type="checkbox"/> Culture, environmental 1 <i>acule</i> <input type="checkbox"/> Culture, environmental 2 <i>acule2</i> <input type="checkbox"/> Culture, environmental 3 <i>acule3</i>	PARASITOLOGY <input type="checkbox"/> Fecal flotation <i>fflot</i> <input type="checkbox"/> Saline wet mount <i>salwt</i> <input type="checkbox"/> Tissue search parasites <i>tisp</i> <input type="checkbox"/> Fecal oocyst count <i>focmm</i>	Animal ID: ● _____ ● _____ Please send an excel spreadsheet to specroom@uoguelph.ca if more than 20 samples are submitted. # SPECIMENS <table border="1"> <thead> <tr> <th>Sent</th> <th>Received</th> </tr> </thead> <tbody> <tr><td>_____</td><td>Whole blood _____</td></tr> <tr><td>_____</td><td>Serum _____</td></tr> <tr><td>_____</td><td>EDTA _____</td></tr> <tr><td>_____</td><td>Urine _____</td></tr> <tr><td>_____</td><td>Feces _____</td></tr> <tr><td>_____</td><td>Fresh tissue _____</td></tr> <tr><td>_____</td><td>Fixed tissue _____</td></tr> <tr><td>_____</td><td>Fluid _____</td></tr> <tr><td>_____</td><td>Scrapings _____</td></tr> <tr><td>_____</td><td>Slide _____</td></tr> <tr><td>_____</td><td>Swab _____</td></tr> <tr><td>_____</td><td>Other _____</td></tr> </tbody> </table>	Sent	Received	_____	Whole blood _____	_____	Serum _____	_____	EDTA _____	_____	Urine _____	_____	Feces _____	_____	Fresh tissue _____	_____	Fixed tissue _____	_____	Fluid _____	_____	Scrapings _____	_____	Slide _____	_____	Swab _____	_____	Other _____
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Any Questions? Please contact the lab. Email: ahinfo@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 79 Shearer Street Kemptville, Ontario K0G 1J0	RECEIVED BY: Courier <input type="checkbox"/> Mail <input type="checkbox"/> Drop-off <input type="checkbox"/> Other <input type="checkbox"/>	Initial _____
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