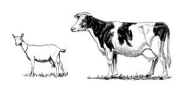




**ANIMAL HEALTH MILK CULTURE SUBMISSION FORM**  
**LABORATORY**



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.

<b>***Veterinarian required for interpretation, milk will not be processed without one***</b>		Owner unique ID (max. 40 characters)	
Clinic No.		Dairycomp ID (ANIMAL ID FIELD):	
Clinic		Address	
Address		Postal code	
City		Premises ID	Farm postal code
Phone		Phone	Fax
Veterinarian Required:		Fax	
Email		Email	

Species: \_\_\_\_\_ Breed: \_\_\_\_\_

**History**  
**\*\*\*Clinician/submitter: Please see reverse of this form and enter ID's as in the example provided\*\*\***

\*Total number of animals milking on sample day \_\_\_\_ . Samples submitted  Fresh (never frozen)  Frozen

<b>*****Please check all applicable tests*****</b>	
<p><b>Mastitis testing</b></p> <p><input type="checkbox"/> Culture only (<i>mast</i>)</p> <p><input type="checkbox"/> Culture and antimicrobial susceptibility testing (<i>mast</i>)</p> <p><input type="checkbox"/> Bulk tank - culture only (<i>bulkc</i>)</p> <p><input type="checkbox"/> Somatic cell counts – <b>Fresh milk only</b> (<i>scc</i>)</p> <p><input type="checkbox"/> Beta – lactamase testing – on <i>Staphylococcus aureus</i> isolates</p> <p><b>Mycoplasma sp. testing</b></p> <p><input type="checkbox"/> <i>Mycoplasma sp.</i> culture, individual milk (<i>mcuim</i>)</p> <p><input type="checkbox"/> <i>Mycoplasma sp.</i> culture, bulk tank milk (<i>mcuib</i>)</p> <p><input type="checkbox"/> <i>Mycoplasma bovis</i> - PCR (<i>mbpcr</i>)</p>	<p><b>Bacterial counts - bedding</b></p> <p><input type="checkbox"/> Bacterial total aerobic count, bedding (<i>tab</i>)</p> <p><input type="checkbox"/> Bacterial total coliform count, bedding (<i>tcb</i>)</p> <p><input type="checkbox"/> Bacterial total aerobic and coliform count, bedding (<i>tacb</i>)</p> <p><b>Bacterial counts – colostrum/milk</b></p> <p><input type="checkbox"/> Bacterial total aerobic count, colostrum/milk (<i>tam</i>)</p> <p><input type="checkbox"/> Bacterial total coliform count, colostrum/milk (<i>tcm</i>)</p> <p><input type="checkbox"/> Bacterial total aerobic and coliform count, colostrum/milk (<i>tacm</i>)</p>

<p><b>Any questions? Please contact the lab.</b></p> <p>Email: <a href="mailto:ahinfo@uoguelph.ca">ahinfo@uoguelph.ca</a>          Website: <a href="http://ahl.uoguelph.ca">http://ahl.uoguelph.ca</a>          AHL GUELPH: 519-824-4120 ext: 54530, Fax: 519-821-8072          AHL KEMPTVILLE: 613-258-8320, Fax: 613-258-8324</p>	<p><b>AHL - Guelph Courier Address</b></p> <p>UoG Animal Health Lab-PAHL          419 Gordon Street-Bldg 89          Guelph, ON N1G 2W1          Attn: Specimen Reception</p>	<p>Animal Health Laboratory          Laboratory Services Division          79 Shearer Street          Kemptville, Ontario          K0G 1J0</p>	<p># Specimens Received _____</p> <p>Initial _____</p> <p>Specimens Received by:</p> <p>Courier <input type="checkbox"/></p> <p>Drop-off <input type="checkbox"/></p>
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