



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
City	Phone
Veterinarian	Fax
Email	
Barn/pen/floor/batch ID	

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

<b>Commodity (check).</b> <input type="checkbox"/> Meat <input type="checkbox"/> Dairy <input type="checkbox"/> Other  Herd size _____ No. at risk _____ No. sick _____ No. dead _____ Weight _____ kg  Duration of problem _____ days _____ weeks _____ months _____ years	Species _____ Breed _____ Age ____ d ____ w ____ m ____ y Sex F M  <input type="checkbox"/> Rabies suspect? <input type="checkbox"/> Insurance claim? <input type="checkbox"/> Possible litigation? <input type="checkbox"/> Resubmission? Previous case # _____	<b>Case type:</b> <input type="checkbox"/> Diagnostic <input type="checkbox"/> Research <input type="checkbox"/> Monitoring <input type="checkbox"/> Other	<b>History</b> (treatments, vaccinations, management, including all current drug therapy)   Other testing requests and/or special instructions   <input type="checkbox"/> STAT (Additional charges apply)
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<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 3 (PT, PTT, coag3) <i>coag3</i> <b>VIROLOGY</b> <input type="checkbox"/> Anaplasma Ab - ELISA <i>anape</i> <input type="checkbox"/> BTV - ELISA <i>btveli</i> <input type="checkbox"/> BTV/EHDV - PCR <i>btvehdv</i> <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 abortion panel - PCR <i>boabopc</i> (BoHV-1/IBR, Leptospira, Neospora caninum) <input type="checkbox"/> Bovine neonatal enteric panel <i>bentpnl</i> (BCoV-PCR, Rota/Corona - PCR, sucrose wet mount, bacterial culture) <input type="checkbox"/> Bovine PI3 virus - VN <i>pi3</i> <input type="checkbox"/> Bov. respiratory panel - PCR <i>brvp3</i> (BoHV-1/IBR, BPIV-3, BRSV) <input type="checkbox"/> Bov. respiratory panel, serology <i>respb</i> ( <i>bav3 bcv brs bvdn bvd2 ibr 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"/> Salmonella Dublin ELISA <i>salmddl</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"/> IBRV/BoHV-1 - Ab ELISA <i>ibre</i> <input type="checkbox"/> IBRV/BoHV-1 rt RT - PCR <i>ibrtr</i> <input type="checkbox"/> Maedi-visna virus - Ab ELISA Hyphen <i>mvveh</i> <input type="checkbox"/> ORF-BPSV PCR <i>orbps</i> <input type="checkbox"/> Scrapie - ELISA <i>scpe</i> <input type="checkbox"/> Scrapie - genotyping <i>prp</i> <b>MYCOPLASMOLOGY</b> <input type="checkbox"/> Haemoplasma - PCR <i>hapcr2</i>	<input type="checkbox"/> Mycoplasma culture <i>mcultf</i> <input type="checkbox"/> Mycoplasma bovis - PCR <i>mbpcr</i> <b>BACTERIOLOGY</b> Site: _____ <input type="checkbox"/> Culture and susceptibility <i>cultf</i> <input type="checkbox"/> Anaerobic culture <i>ancuf</i> <input type="checkbox"/> Aerobic & anaerobic culture <i>ancultf</i> <input type="checkbox"/> Abortion culture <i>bcabo</i> <input type="checkbox"/> Abortion culture with Campylobacter culture <i>bcabc</i> <input type="checkbox"/> C. difficile - culture <i>cdiff</i> <input type="checkbox"/> C. perfringens - typing - PCR <i>cperfc</i> <input type="checkbox"/> Clostridia - FA <i>facfl</i> <input type="checkbox"/> C. difficile toxins - ELISA <i>clodf</i> <input type="checkbox"/> Coxiella burnetii (Q fever) - ELISA <i>qfeia</i> <input type="checkbox"/> E. coli ETEC (enterotoxigenic) - PCR <i>ecolf</i> <input type="checkbox"/> E. coli VTEC (verotoxigenic) - PCR <i>vtefc</i> <input type="checkbox"/> Leptospirosis profile - MAT <i>leptmatf</i> <input type="checkbox"/> Leptospira spp - PCR <i>leptpcr</i> <input type="checkbox"/> Listeria enrichment <i>lmin</i> <input type="checkbox"/> M. paratuberculosis - ELISA (bovine/ovine) <i>john</i> <input type="checkbox"/> M. paratuberculosis - ELISA (goat) <i>xjohe</i>	<input type="checkbox"/> M. paratuberculosis <i>jpcr</i> - PCR <input type="checkbox"/> Mycology <i>myc</i> - fungal culture <b>PARASITOLOGY</b> <input type="checkbox"/> Fecal flotation <i>fflot</i> <input type="checkbox"/> Fecal egg count McMaster <i>fecrm</i> <input type="checkbox"/> Neospora caninum <i>neo</i> ELISA <input type="checkbox"/> Sucrose wet mount (Crypto.) <i>sucwt</i> <b>TOXICOLOGY</b> <input type="checkbox"/> Mineral panel, heavy metals <i>hmssc</i> (Sb As Be B Cd Co Cr Cu Fe Pb Hg Mg Mn Mo Ni Se Sn Tl Zn) <input type="checkbox"/> Mineral panel, trace element <i>icpse</i> (Co Cu Fe Mo Mn Se Zn) <input type="checkbox"/> Selenium, serum <i>tsems</i> <input type="checkbox"/> Vitamin E, serum <i>vite</i> <b>HISTOPATHOLOGY</b> <input type="checkbox"/> Histopathology <i>hist</i>	<table border="1"> <tr> <th># SPECIMENS Sent</th> <th>Received</th> </tr> <tr> <td>Whole blood</td> <td>_____</td> </tr> <tr> <td>Serum</td> <td>_____</td> </tr> <tr> <td>EDTA</td> <td>_____</td> </tr> <tr> <td>Urine</td> <td>_____</td> </tr> <tr> <td>Feces</td> <td>_____</td> </tr> <tr> <td>Fresh tissue</td> <td>_____</td> </tr> <tr> <td>Fixed tissue</td> <td>_____</td> </tr> <tr> <td>Fluid</td> <td>_____</td> </tr> <tr> <td>Scrapings</td> <td>_____</td> </tr> <tr> <td>Slide</td> <td>_____</td> </tr> <tr> <td>Swab</td> <td>_____</td> </tr> <tr> <td>Other</td> <td>_____</td> </tr> </table> List: _____ Animal ID ● _____ ● _____ ● _____	# SPECIMENS Sent	Received	Whole blood	_____	Serum	_____	EDTA	_____	Urine	_____	Feces	_____	Fresh tissue	_____	Fixed tissue	_____	Fluid	_____	Scrapings	_____	Slide	_____	Swab	_____	Other	_____
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<b>Any Questions? Please contact the lab.</b> 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: 519-827-0961 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	Animal Health Laboratory Laboratory Services Division 79 Shearer Street Kemptville, Ontario K0G 1J0	<b>RECEIVED BY:</b> _____ Initial _____ Courier <input type="checkbox"/> Mail <input type="checkbox"/> Drop-off <input type="checkbox"/> Other <input type="checkbox"/>
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