



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").

Form fields for Clinic no., Clinic, Address, City, Veterinarian, Email, Farm, etc.

*DEMOGRAPHIC INFORMATION IMPORTANT*** History (treatments, vaccinations, management, including all current drug therapy)

Animal ID, VIROLOGY, BACTERIOLOGY, MYCOPLASMOLOGY, TOXICOLOGY, PARASITOLOGY, HISTOPATHOLOGY, CLINICAL PATHOLOGY, EXTERNAL LABS, OTHER TESTS REQUESTED, # SPECIMENS

NOT to be used for OSHIP or PM submissions

Any questions? Please contact the lab.

Email: ahinfo@uoguelph.ca Website: http://ahl.uoguelph.ca

AHL - Guelph Courier Address UoG Animal Health Lab -PAHL 419 Gordon Street, Bldg 89

Animal Health Laboratory Laboratory Services Division 79 Shearer Street



Comments/History (Continued)

ID#	Identification	ID #	Identification