



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 City Address
Postal Code Phone Premises ID Barn postal code
Veterinarian Phone Email
Email Fax Farm Fax
DEMOGRAPHIC INFORMATION IMPORTANT Barn/pen/floor/batch ID

Breed: ___
Age (circle): ___ day / week / month / year
Sex (circle): male / female / mixed
Chicken: [] Broiler [] Broiler-Breeder [] Layer [] Layer-Breeder [] Exhibition [] Small Flock
Turkey [] Meat [] Breeder [] Exhibition [] Small Flock
Type of analysis: [] Disease problem [] Vaccination evaluation [] Other
[] P. multocida vaccinated?
Case: [] Diagnostic [] Monitoring [] Research [] Other
[] STAT (Additional charges apply)

VIROLOGY
[] ABV - PCR abvrrt
[] AEV - ELISA aev
[] AEV - PCR aevrrt
[] AIV - AGID aif/aifn
[] ALV Ag - ELISA alve
[] AMPV - PCR ampvpcr
[] Astrovirus - PCR astrrt
[] CAV - ELISA cav1
[] CAV - PCR cavrrt
[] Duck adenovirus 1 - PCR dadvrrt
[] Eq. encephalitis virus (EEEV)/ West Nile virus (WNV) - PCR eeewnv
[] FAdV - PCR (chicken only) fadvrrt
[] FAdV microneutralization mnt811
[] Genotyping for: ___ (Only PCR Positive samples)
[] IBDV - PCR ibdvrrt
[] IBDV-XR - ELISA ibdxr
[] IBV - ELISA ibv
[] IBV - PCR ibvrrt
[] ILTV - PCR iltvrrt
[] Influenza A, matrix - PCR infipcr
[] Influenza A, antibody - ELISA aifem
[] MG/MS combo, chicken-ELISA mgmsc
[] MG/MS combo, turkey-ELISA mgmst
[] M. meleagridis - ELISA mme
[] NDV - ELISA ndvc/ndvt

MYCOPLASMOLOGY
[] C. psittaci - PCR cppcr
[] Coxiella-like organism ID acloid
[] Mycoplasma culture mculf
[] M. gallisepticum - PCR mgpqr
[] M. iowae - PCR iowrt
[] M. meleagridis - PCR mmqpcr
[] M. synoviae - PCR mspr
[] 16S rRNA sequencing (partial) 16srp
[] 16S rRNA sequencing (full) 16sr
BACTERIOLOGY
Site: ___
[] Culture & susceptibility cultf/cultn
[] Aerobic & anaerobic culture ancultf/ancultn
[] Anaerobic culture ancuf/ancun
[] Culture, environmental 1 acule
[] Culture, environmental 2 acule2
[] Culture, environmental 3 acule3
[] E. coli, APEC - genotyping apecg

CLINICAL PATHOLOGY
[] Avian profile aprf
[] Avian/reptile - Vetscan scana
[] Glucose gluc
[] CBC avcbc
[] Leukocyte diff., avian difav
[] Cytology, fluids FNA, synovial cyto
[] Cytology, smears cytasm
Site: ___
TOXICOLOGY
[] Cholinesterase-blood che
[] Cholinesterase-brain cheb
[] Feed additive screen scrfa (mohensin, narasin, salinomycin)
[] Mineral panel, heavy metals hmssc
EDTA blood, tissue (Sb As Be B Cd Co Cr Cu Fe Pb Hg Mg Mn Mo Ni Se Sn Ti Zn)
[] Mineral panel, salt screen salsc (Ca Mg Na K P S)
[] Mineral panel, trace, tissue icpti (Co Cu Fe Mo Mn Se Zn)
[] Mineral panel, trace, serum icpse (Co Cu Fe Mo Mn Se Zn)
[] Selenium, serum tsems

PARASITOLOGY
[] Fecal flotation fflot
[] Tissue search parasites tisp
[] Fecal oocyst count focmm
HISTOPATHOLOGY
Additional charges may apply for:
1) Demineralization - bone/other hard tissues
2) Tumor margin evaluation
Poultry: [] Histopathology hist
Pet Birds: (#biopsies/tissues)
[] Histopathology (1-2) histcm1
[] Histopathology (3-6) histcm2
[] Histopathology (7 or >) histcm3
EXTERNAL LABS (add shipping & handling charges)
[] Botulism - MIT (serum) xmits
[] Botulism - MIT (tissue/feed) xmifff
OTHER TESTS REQUESTED: (See Fee schedule for complete listing)

Animal ID:
• ___
• ___
• ___
For more than 10 samples email excel spreadsheet to: specroom@uoguelph.ca (include sample ID in 1 column)
SPECIMENS
Sent Received
Whole blood
Serum
EDTA
Urine
Feces
Fresh tissue
Fixed tissue
Fluid
Scrapings
Slide
Swab
Other
List: ___

Any Questions? Please contact the lab. Email: ahlinfo@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: Initial ___
Courier [] Mail [] Drop-off [] Other []

