



**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.** The submitter confirms that they are the owner or a duly authorized agent. Anonymized test results will be shared with the Ontario Government for purposes of animal and public health surveillance. Contact information will be disclosed only in accordance with applicable law/legal obligation, including reportable disease legislation. Samples cannot be returned to the submitter due to biosafety regulations. Specimens submitted and any information or intellectual property arising therefrom belong to University of Guelph unless otherwise arranged in writing prior to submission. Information collected may be shared in accordance with applicable legislation, including, without limitation, the Freedom of Information and Protection of Privacy Act.

|                                                |                                      |                         |                  |
|------------------------------------------------|--------------------------------------|-------------------------|------------------|
| 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              |
| <b>***DEMOGRAPHIC INFORMATION IMPORTANT***</b> |                                      | Barn/pen/floor/batch ID |                  |

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| Breed: _____<br>Age : ____ <input type="checkbox"/> d <input type="checkbox"/> w <input type="checkbox"/> m <input type="checkbox"/> y<br>Sex : <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> mixed | Chicken: <input type="checkbox"/> Broiler <input type="checkbox"/> Broiler-Breeder<br><input type="checkbox"/> Layer <input type="checkbox"/> Layer-Breeder<br><input type="checkbox"/> Exhibition <input type="checkbox"/> Small Flock                                                                                                                                                 | <b>History</b> (treatments, vaccinations, management, including all current drug therapy)<br><br><input type="checkbox"/> <i>P. multocida</i> vaccinated?                                                                                                                                                                                                                                                                                                                                                         |
| Flock size: _____<br>No at risk: _____<br>No sick: _____<br>No dead: _____<br>Weight: _____ kg<br>Duration of problem: _____<br>_____ d _____ w _____ m _____ y                                                                              | Turkey <input type="checkbox"/> Meat <input type="checkbox"/> Breeder<br><br><b>Reason for submission:</b><br><input type="checkbox"/> Disease problem<br><input type="checkbox"/> Vaccination evaluation<br><input type="checkbox"/> Other<br><br><input type="checkbox"/> Insurance claim?<br><input type="checkbox"/> Possible litigation?<br><input type="checkbox"/> Resubmission? |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Case:</b> <input type="checkbox"/> Diagnostic <input type="checkbox"/> Monitoring<br><input type="checkbox"/> Research <input type="checkbox"/> Other                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                         | <b>Special Instructions:</b><br><input type="checkbox"/> Pool samples _____:1<br><input type="checkbox"/> Request genotyping/sequencing: _____<br><input type="checkbox"/> Hock trimming required: <b>xhock</b><br><input type="checkbox"/> ELISA, Chicken panel: <input type="checkbox"/> aev <input type="checkbox"/> ampve <input type="checkbox"/> cav1 <input type="checkbox"/> ibdxr <input type="checkbox"/> ibv <input type="checkbox"/> mgmsc <input type="checkbox"/> ndvc <input type="checkbox"/> reo |

| <b>VIROLOGY and SEROLOGY</b><br><input type="checkbox"/> ABV - PCR <i>abvrrt</i><br><input type="checkbox"/> AEV - PCR <i>aevrrt</i><br><input type="checkbox"/> AEV - ELISA <i>aev</i><br><input type="checkbox"/> AIV - AGID <i>aif/aifn</i><br><input type="checkbox"/> ALV Ag - ELISA <i>alve</i><br><input type="checkbox"/> AMPV type A, B, C - PCR <i>ampvabc</i><br><input type="checkbox"/> AMPV - ELISA <i>ampve</i><br><input type="checkbox"/> Astrovirus - PCR <i>astrrt</i><br><input type="checkbox"/> AvPV, BFDV, PsHV - PCR <i>psitpcr</i><br><input type="checkbox"/> CAV - ELISA <i>cav1</i><br><input type="checkbox"/> Chicken. proventricular necrosis - PCR <i>cpnvpcr</i><br><input type="checkbox"/> Chicken Rota A/Rota D/Parvovirus - PCR <i>chrppcr</i><br><input type="checkbox"/> Duck adenovirus 1 - PCR <i>dadvrrt</i><br><input type="checkbox"/> Eq. encephalitis virus (EEEV)/ West Nile virus (WNV) - PCR <i>eeewnv</i><br><input type="checkbox"/> FAdV - PCR (chicken only) <i>fadvrrt</i><br><input type="checkbox"/> FAdV microneutralization <i>mnt811</i><br><input type="checkbox"/> FAdV 11 virus neutralization <i>fad11vn</i><br><input type="checkbox"/> FAdV 8a virus neutralization <i>fad8avn</i><br><input type="checkbox"/> FAdV 8b virus neutralization <i>fad8bvn</i><br><input type="checkbox"/> Genotyping for: _____<br>(Only PCR Positive samples)<br><input type="checkbox"/> HEV, turkey - ELISA <i>heveli</i><br><input type="checkbox"/> IBDV/CAV - PCR <i>ibdvcav</i><br><input type="checkbox"/> IBDV-XR ELISA <i>ibdxr</i><br><input type="checkbox"/> IBV/ILTV - PCR <i>ibviltv</i><br><input type="checkbox"/> IBV - ELISA <i>ibv</i><br><input type="checkbox"/> Influenza A, matrix - PCR <i>inflpcr</i><br><input type="checkbox"/> Influenza A, antibody - ELISA <i>aifem</i> | <input type="checkbox"/> MG/MS combo, chicken-ELISA <i>mgmsc</i><br><input type="checkbox"/> MG/MS combo, turkey-ELISA <i>mgmst</i><br><input type="checkbox"/> M. meleagridis - ELISA <i>mme</i><br><input type="checkbox"/> MG - HI <i>mgh</i><br><input type="checkbox"/> MM - HI <i>mmh</i><br><input type="checkbox"/> MS - HI <i>msh</i><br><input type="checkbox"/> NDV matrix-PCR <i>apmvmpf</i><br><input type="checkbox"/> NDV - ELISA <i>ndvc/ndvt</i><br><input type="checkbox"/> ORT - ELISA <i>orte</i><br><input type="checkbox"/> Paramyxovirus 3 HI <i>pm3</i><br><input type="checkbox"/> Pasteurella multocida - ELISA <i>pmturke</i><br><input type="checkbox"/> Poxvirus - PCR <i>poxrrt</i><br><input type="checkbox"/> Reovirus - PCR <i>reortt</i><br><input type="checkbox"/> Reovirus - ELISA <i>reove</i><br><br><b>MYCOPLASMOLOGY</b><br><input type="checkbox"/> C. psittaci - PCR <i>cppcr</i><br><input type="checkbox"/> Coxiella-like organism ID <i>acloid</i><br><input type="checkbox"/> Mycoplasma culture <i>mcult</i><br><input type="checkbox"/> M. gallisepticum - PCR <i>mgpcr</i><br><input type="checkbox"/> M. iowae - PCR <i>iowrt</i><br><input type="checkbox"/> M. meleagridis - PCR <i>mmqpcr</i><br><input type="checkbox"/> M. synoviae - PCR <i>mspcr</i><br><input type="checkbox"/> 16S rRNA sequencing (partial) <i>16srp</i><br><input type="checkbox"/> 16S rRNA sequencing (full) <i>16sr</i><br><br><b>BACTERIOLOGY</b><br>Site: _____<br><input type="checkbox"/> Culture and susceptibility, <b>food</b> <i>cultf</i><br><input type="checkbox"/> Culture and susceptibility, <b>comp.</b> <i>cultn</i> | <input type="checkbox"/> Culture and susceptibility, <b>comp.</b> <i>cultnm</i><br><input type="checkbox"/> Anaerobic & aerobic, <b>food</b> <i>ancultf</i><br><input type="checkbox"/> Anaerobic & aerobic, <b>comp.</b> (disk diffusion) <i>ancultn</i><br><input type="checkbox"/> Anaerobic & aerobic, <b>comp.</b> (MIC) <i>anculm</i><br><input type="checkbox"/> C. botulinum PCR <i>bot</i><br><input type="checkbox"/> Culture, environmental 1 <i>acule</i><br><input type="checkbox"/> Culture, environmental 2 <i>acule2</i><br><input type="checkbox"/> Culture, environmental 3 <i>acule3</i><br><input type="checkbox"/> E. coli, APEC - genotyping <i>apecg</i><br><input type="checkbox"/> S. Pullorum - <b>export/surv.</b> <i>pull</i><br><input type="checkbox"/> S. Pullorum - typhoid - plate <i>salmp</i><br><input type="checkbox"/> WGS <i>wgs bac</i><br><br><b>CLINICAL PATHOLOGY</b><br><input type="checkbox"/> Avian profile <i>aprf</i><br><input type="checkbox"/> Avian/reptile - Vetscan <i>scana</i><br><input type="checkbox"/> Glucose <i>gluc</i><br><input type="checkbox"/> CBC <i>avcbc</i><br><input type="checkbox"/> Leukocyte diff., avian <i>difav</i><br><input type="checkbox"/> Cytology, fluids FNA, synovial <i>cyto</i><br><input type="checkbox"/> Cytology, smears <i>cytsm</i><br><br><b>TOXICOLOGY</b><br><input type="checkbox"/> Cholinesterase-blood <i>che</i><br><input type="checkbox"/> Cholinesterase-brain <i>cheb</i><br><input type="checkbox"/> Feed additive screen <i>scrfa</i> (monensin, narasin, salinomycin)<br><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 Ti Zn) | <input type="checkbox"/> Mineral panel, salt screen <i>salsc</i> (Ca Mg Na K P S)<br><input type="checkbox"/> Mineral panel, trace, tissue <i>icpti</i> (Co Cu Fe Mo Mn Se Zn)<br><input type="checkbox"/> Mineral panel, trace, serum <i>icpse</i> (Co Cu Fe Mo Mn Se Zn)<br><input type="checkbox"/> Selenium, serum <i>tsems</i><br><br><b>PARASITOLOGY</b><br><input type="checkbox"/> Fecal flotation <i>fflot</i><br><input type="checkbox"/> Tissue search parasites <i>tisp</i><br><input type="checkbox"/> Fecal oocyst count <i>focmm</i><br><br><b>HISTOPATHOLOGY</b><br>Additional charges will apply for:<br>1) Demineralization - bone/other hard tissues<br>2) Tumor margin evaluation, if requested<br><b>Poultry:</b><br><input type="checkbox"/> Histopathology <i>hist</i><br><br><b>Pet Birds:</b><br>(if incorrect code chosen, lab will update)<br><input type="checkbox"/> Histology class 1 <i>histcm1</i><br><input type="checkbox"/> Histology class 2 <i>histcm2</i><br><input type="checkbox"/> Histology class 3 <i>histcm3</i><br><br><b>EXTERNAL LABS</b><br>(add shipping & handling charges)<br><input type="checkbox"/> Avian sexing DNA <i>xdna/xdnaf</i><br><input type="checkbox"/> Botulism - MIT (serum) <i>xmits</i><br><input type="checkbox"/> Botulism - MIT (tissue/feed) <i>xmittf</i><br><input type="checkbox"/> Mareks disease PCR <i>xmarek</i><br><b>OTHER TESTS REQUESTED :</b> (See Fee schedule for complete listing) | Animal ID: _____<br>• _____<br>• _____<br>• _____<br><b># SPECIMENS</b><br><table border="1"> <thead> <tr> <th>Sent</th> <th>Received</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>Blood-serum _____</td> </tr> <tr> <td>_____</td> <td>Serum _____</td> </tr> <tr> <td>_____</td> <td>EDTA _____</td> </tr> <tr> <td>_____</td> <td>Blood-heparin _____</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>VTM _____</td> </tr> </tbody> </table> List: _____ | Sent | Received | _____ | Blood-serum _____ | _____ | Serum _____ | _____ | EDTA _____ | _____ | Blood-heparin _____ | _____ | Feces _____ | _____ | Fresh tissue _____ | _____ | Fixed tissue _____ | _____ | Fluid _____ | _____ | Scrapings _____ | _____ | Slide _____ | _____ | Swab _____ | _____ | VTM _____ |
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