



SAMPLES TAKEN Date: ___/___/___/(yyyy/mm/dd) Time of day ___:___ Date sent ___/___/___/(yyyy/mm/dd)
SUBMITTED BY Veterinarian Owner Other BILL Veterinarian Other

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.
Clinic
Address
Phone
Email

Owner unique ID (max. 40 characters)

Animal ID

History (clinical signs, lesion location/size/appearance, onset/duration of problem, current drug therapy, vaccinations)
Clinical diagnosis

Species
Breed
Age
Sex (check one) M F M/N F/S
Case type (please check) Diagnostic Monitoring Research Other
STAT (additional charges)

CLINICAL PATHOLOGY
Biochemistry
Osmolality
Total protein
Urea
Coagulation
Endocrinology, Special Chemistry
Hematology

Cytology
Cytology smears
Cyto. fluids (inc. CSF)
Cytology, bone marrow
Urinalysis
Routine urinalysis
Urine protein: creat. ratio
Na, K, Cl, creat., Ca, P
Cortisol: creatinine ratio
Fecal occult blood
Myoglobin electrophoresis
MYCOPLASMOLOGY
Lyme disease - PCR
Mycoplasma culture
M. haemofelis & haemominutum - PCR
M. haemocanis & haematoparvum - PCR
Trichomonas foetus - PCR
BACTERIOLOGY
Culture & susceptibility
Anaerobic & aerobic culture
Anaerobic culture
Bacterial culture, fecal with C. perfringens ELISA
Culture <2mth follow up
Bacterial culture, blood
C.difficile toxins - ELISA

PARASITOLOGY
Fecal flotation
Giardia - antigen ELISA
Heartworm - Knott's
Heartworm - ag ELISA
Parasite identification
HISTOPATHOLOGY
Additional charges may apply for:
1) Demineralization-bone/other hard tissues
2) Nail/hof softening
of tissues/biopsies
Histopathology (1-2 t/b*)
Histopathology (3-6 t/b*)
Histopathology (7+ t/b*)
Tumor margin evaluation
Lesion location:

TOXICOLOGY
Convulsant screen - TLC
Lead, blood - AAS
Min. panel, heavy metals
EDTA blood, tissue
Min. panel, trace element
Anticoagulant screen

OTHER TESTS REQUESTED
(See Fee schedule for complete listing)

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
Laboratory Services Division
79 Shearer Street
Kemptville, Ontario
K0G 1J0

SPECIMENS RECEIVED
Received by Courier Drop-off Mail Initial



ANIMAL HEALTH LABORATORY

ADDITIONAL ID WORKSHEET

Comments/History (Continued)

ID#	Identification	ID #	Identification