



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.

Form fields for Clinic No., Address, Phone, Email, Veterinarian, History, Owner unique ID, Animal ID, Species, Breed, Age, Sex, Case type, and ACTH sample temperature.

Main testing section with columns for CLINICAL PATHOLOGY (Biochemistry, Hematology, Urinalysis, Coagulation), BACTERIOLOGY, MYCOPLASMOLOGY/MOLECULAR, VIROLOGY, CANINE/FELINE, TOXICOLOGY, PARASITOLOGY, PANELS, HISTOPATHOLOGY, and OTHER TESTS REQUESTED.

