



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.

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| Clinic No. Clinic Address Phone Email Veterinarian History (clinical signs, lesion location/size/appearance, onset/duration of problem, current drug therapy, vaccinations) | Owner unique ID (max. 40 characters) Animal ID (s) Species _____ Breed _____ Age _____ <input type="checkbox"/> d <input type="checkbox"/> m <input type="checkbox"/> y Sex (check one) <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> M/N <input type="checkbox"/> F/S Case type (please check) <input type="checkbox"/> Diagnostic <input type="checkbox"/> Monitoring <input type="checkbox"/> Research <input type="checkbox"/> Other ACTH sample temperature on receipt at the AHL <input type="checkbox"/> Partially frozen <input type="checkbox"/> Frozen <input type="checkbox"/> Room temperature |
|--|--|

| CLINICAL PATHOLOGY Biochemistry <input type="checkbox"/> Biochem. profile, canine <i>cprf</i> <input type="checkbox"/> Biochem. profile, feline <i>fprf</i> <input type="checkbox"/> Geriatric profile <i>geprf</i> <input type="checkbox"/> Hepatic health profile <i>hpsmp</i> <input type="checkbox"/> Pre-surgical profile <i>pssmp</i> <input type="checkbox"/> Renal health profile <i>rmsmp</i> <input type="checkbox"/> Phenobarbital <i>phbar</i> <input type="checkbox"/> Potassium bromide <i>kbrom</i> <input type="checkbox"/> Phenobarb, K brom <i>phkbr</i> <input type="checkbox"/> Albumin <i>alb</i> <input type="checkbox"/> ALP <i>sap</i> <input type="checkbox"/> ALP steroid isoenzyme <i>alkpi</i> <input type="checkbox"/> ALT <i>alt</i> <input type="checkbox"/> Bile acids, single sample <i>bilss</i> <input type="checkbox"/> Bile acids: pre, and post <i>bile</i> <input type="checkbox"/> Bilirubin, total <i>tbil</i> <input type="checkbox"/> Calcium <i>ca</i> <input type="checkbox"/> Cholesterol <i>chol</i> <input type="checkbox"/> Creatine kinase (CK) <i>ck</i> <input type="checkbox"/> Creatinine <i>creat</i> <input type="checkbox"/> Fructosamine <i>fruc</i> <input type="checkbox"/> GGT <i>ggt</i> <input type="checkbox"/> Glucose <i>gluc</i> <input type="checkbox"/> Iron & TIBC <i>fetib</i> <input type="checkbox"/> Lipase <i>lip</i> <input type="checkbox"/> Na, K, Cl <i>lyte</i> <input type="checkbox"/> serum <input type="checkbox"/> urine <input type="checkbox"/> Osmolality <i>osm</i> <input type="checkbox"/> serum <input type="checkbox"/> urine <input type="checkbox"/> Total protein <i>tp</i> <input type="checkbox"/> Urea <i>urea</i> Coagulation <input type="checkbox"/> Profile 1 (PT, PTT) <i>ptpt</i> <input type="checkbox"/> Profile 3 (PT, PTT, Fib) <i>coag3</i> | <input type="checkbox"/> Fibrinogen <i>fib</i> Endocrinology, Special Chemistry <input type="checkbox"/> ACTH, endogenous <i>acth</i> <input type="checkbox"/> ACTH stimulation <i>corts</i> <input type="checkbox"/> Cortisol, single <i>cort</i> <input type="checkbox"/> Cortisol, dex. suppression <i>cortd</i> <input type="checkbox"/> Thyroid, total T4 <i>tt4</i> <input type="checkbox"/> Thyroid prof.1 (TT4, FT4d) <i>tpf1</i> <input type="checkbox"/> Th.prof.2 (TT4, FT4d, cTSH) <i>tpf2</i> <input type="checkbox"/> OFA: (FT4d, TgAA, cTSH) <i>tpf3</i> <input type="checkbox"/> Free T4 <i>ft4d</i> <input type="checkbox"/> TSH, canine <i>ctsh</i> <input type="checkbox"/> Progesterone <i>p4</i> <input type="checkbox"/> Electrophoresis <i>elphr</i> <input type="checkbox"/> serum <input type="checkbox"/> urine <input type="checkbox"/> FIV, FeLV - ELISA <i>fivlk</i> <input type="checkbox"/> Heartworm, Lyme, Ehrlic. Anaplasmosis - ELISA <i>hehly</i> Hematology <input type="checkbox"/> CBC, comprehensive <i>cbc</i> <input type="checkbox"/> Coombs' test, direct <i>coomd</i> <input type="checkbox"/> Reticulocyte count <i>ret</i> <input type="checkbox"/> Blood typing, canine <i>btypc</i> <input type="checkbox"/> Crossmatch, setup # ___donors <i>crx</i> <input type="checkbox"/> <i>crxk9</i> Cytology See: Histo/Cyto submission form Urinalysis Type: _____ <input type="checkbox"/> Routine urinalysis <i>urin</i> <input type="checkbox"/> Urine protein: creat. ratio <i>upcr</i> <input type="checkbox"/> Na, K, Cl, creat., Ca, P <i>uchem</i> <input type="checkbox"/> Cortisol: creatinine ratio <i>uccr</i> <input type="checkbox"/> Fecal occult blood <i>foc</i> MYCOPLASMOLOGY/MOLECULAR <input type="checkbox"/> Bartonella spp PCR <i>bsppcr</i> <input type="checkbox"/> Lyme disease - PCR <i>lyPCR</i> | <input type="checkbox"/> Mycoplasma culture <i>mcultn</i> <input type="checkbox"/> M. haemofelis & haemominutum - PCR <i>hapcr</i> <input type="checkbox"/> RHDV 2 - PCR <i>rhdvpcr</i> <input type="checkbox"/> Toxoplasma gondii PCR <i>toxopcr</i> <input type="checkbox"/> Tritrichomonas foetus - PCR <i>tfpcr</i> BACTERIOLOGY Site: _____ <input type="checkbox"/> Culture & susceptibility (disk diffusion) <i>culn</i> <input type="checkbox"/> Culture & susceptibility (MIC) <i>culnm</i> <input type="checkbox"/> Anaerobic & aerobic culture (disk diffusion) <i>anculn</i> <input type="checkbox"/> Anaerobic & aerobic culture (MIC) <i>anculnm</i> <input type="checkbox"/> Bacterial culture, fecal with C. perfringens ELISA <i>culnfe</i> <input type="checkbox"/> Culture <2mth follow up Previous case# _____ <i>culn2</i> <input type="checkbox"/> Bacterial culture, blood <i>culnb</i> <input type="checkbox"/> Brucella canis antibody test <i>bcnt</i> <input type="checkbox"/> C.difficile toxins - ELISA <i>clodn</i> <input type="checkbox"/> C. perfringens -ELISA <i>clpcr</i> <input type="checkbox"/> Mycology - fungal culture <i>myc</i> <input type="checkbox"/> Lepto. screen - MAT <i>leptmatn</i> <input type="checkbox"/> Leptospira spp - PCR <i>leptpcr</i> <input type="checkbox"/> EDTA blood <input type="checkbox"/> urine VIROLOGY <input type="checkbox"/> Canine adeno. - VN <i>cav12</i> <input type="checkbox"/> Can. distemper virus - PCR <i>cdvmb</i> <input type="checkbox"/> Can. distemper virus - VN <i>cdv</i> <input type="checkbox"/> Can. distemper virus sequen. <i>cdvse</i> <input type="checkbox"/> Canine herpesvirus - VN <i>chv</i> <input type="checkbox"/> CaHV-1/CAV-2/CPIV-PCR <i>chappcr</i> <input type="checkbox"/> Canine parainfluenza virus - VN <i>cpi</i> <input type="checkbox"/> Canine parvovirus 2 - HI <i>cp2</i> | <input type="checkbox"/> Canine parvo 2/Feline panleukopenia virus sequencing <i>cpfpvse</i> <input type="checkbox"/> Feline calicivirus/ Felid herpesvirus1 - PCR <i>fchfpc</i> <input type="checkbox"/> Influenza A, matrix - PCR <i>inflpcr</i> <input type="checkbox"/> Influenza A virus - HI <i>h3n8hi</i> <input type="checkbox"/> Parvovirus - PCR <i>pv2mb</i> <input type="checkbox"/> Rotavirus - PCR <i>rotapcr</i> <input type="checkbox"/> Severe acute resp. syndrome coronavirus 2 - PCR <i>sarsepc</i> TOXICOLOGY <input type="checkbox"/> Convulsant screen - TLC (strychnine, penitrem A, roquefortine) <i>scrsv</i> <input type="checkbox"/> Copper tissue <i>tcu</i> <input type="checkbox"/> Lead, blood - AAS <i>tpbbca</i> <input type="checkbox"/> Min. panel, heavy metals (Sb As Be B Cd Co Cr Cu Fe Pb Hg Mg Mn Mo Ni Se Sn Tl Zn) <i>hmssc</i> <input type="checkbox"/> Min. panel, trace element (Co Cu Fe Mo Mn Se Zn) <i>icpse/ icpti</i> <input type="checkbox"/> Anticoagulant screen <i>scrac</i> PARASITOLOGY <input type="checkbox"/> Fecal flotation <i>flotn</i> <input type="checkbox"/> Giardia - antigen ELISA <i>gia</i> <input type="checkbox"/> Heartworm - Knott's <i>hwknt</i> <input type="checkbox"/> Heartworm - ag ELISA <i>hanti</i> <input type="checkbox"/> Parasite identification <i>idpr</i> PANELS Submit 3 feces per animal <input type="checkbox"/> Canine diarrhea panel (Bact, Viro, Parasit) <i>candp</i> <input type="checkbox"/> Feline diarrhea panel (Bact, Viro, Parasit) <i>feldp</i> Submit 2 eswabs, 1 VTM <input type="checkbox"/> Canine respiratory panel (Bact, Viro, Molecular Biology) <i>canrp</i> <input type="checkbox"/> Feline respiratory panel (Bact, Viro, Molecular Biology) <i>felrp</i> | HISTOPATHOLOGY Additional charges will apply for: 1) Demineralization-bone/other hard tissues 2) Nail/hof softening 3) Code subject to change if # or size of biopsies exceeds selection See: Histo/Cyto submission form # of tissues/biopsies _____ <input type="checkbox"/> Histology class 1 <i>histcm1</i> <input type="checkbox"/> Histology class 2 <i>histcm2</i> <input type="checkbox"/> Histology class 3 <i>histcm3</i> <input type="checkbox"/> Tumor margin evaluation <i>hist</i> (biopsy > 2cm) Lesion location: _____ OTHER TESTS REQUESTED (See Fee schedule for complete listing) <input type="checkbox"/> Flow cytometric immunotyping <i>xflow</i> <input type="checkbox"/> _____ # SPECIMENS <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Sent</th> <th style="width:50%;">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>Urine _____</td> </tr> <tr> <td>_____</td> <td>Feces _____</td> </tr> <tr> <td>_____</td> <td>Fixed tissue _____</td> </tr> <tr> <td>_____</td> <td>Slide _____</td> </tr> <tr> <td>_____</td> <td>Swab _____</td> </tr> <tr> <td>_____</td> <td>Other: _____</td> </tr> </tbody> </table> List: _____ RECEIVED BY: Initial _____ <input type="checkbox"/> Courier <input type="checkbox"/> Drop-off | Sent | Received | _____ | Blood serum _____ | _____ | Serum _____ | _____ | EDTA _____ | _____ | Urine _____ | _____ | Feces _____ | _____ | Fixed tissue _____ | _____ | Slide _____ | _____ | Swab _____ | _____ | Other: _____ |
|---|---|--|--|--|------|----------|-------|-------------------|-------|-------------|-------|------------|-------|-------------|-------|-------------|-------|--------------------|-------|-------------|-------|------------|-------|--------------|
| Sent | Received | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | Blood serum _____ | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | Serum _____ | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | EDTA _____ | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | Urine _____ | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | Feces _____ | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | Fixed tissue _____ | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | Slide _____ | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | Swab _____ | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | Other: _____ | | | | | | | | | | | | | | | | | | | | | | | |

