



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.	Owner unique ID (max. 40 characters)		
Clinic			
Address	Postal code	Species: _____	Animal ID: ● _____
City	Phone	Breed: _____	● _____
Veterinarian		Age: _____ d / w / m / y (circle)	● _____
Email	Sex: (check one) <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> MN <input type="checkbox"/> F/S		

Type of biopsy: Excisional Wedge Fine needle Endoscopic Other: _____

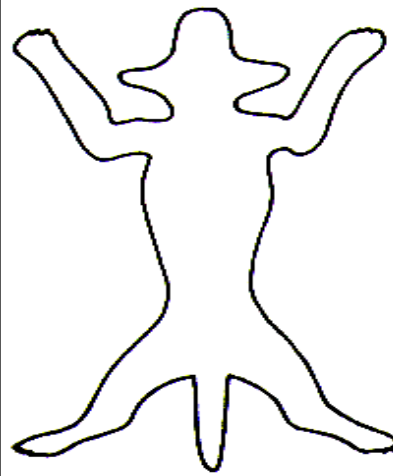
Histology: (1-2 biopsies or tissues): _____ (histcm1)
 (3-6 biopsies or tissues): _____ (histcm2)
 (>7 biopsies or tissues): _____ (histcm3)
 Endoscopic or skin biopsies: _____ (histcm1)
 Tumour margins (for tumours greater than 2cm, requiring additional slide _____ (histt))

Cytology: Smears: _____ (cytsm) Fluid: _____ (cyto) Bone marrow: _____ (bm)
 Fluid (Check all that apply—detail when applicable) (cyto)
 Abdominal Thoracic Synovial CSF Urine Transtracheal

Clinical information, history, including treatment, and description of lesion (s)

Location/source of material: _____
 Size and shape: _____
 Growth pattern (expansion, invasion, pedunculation, etc.): _____
 Duration: _____
 Rate of growth: _____
 History of recurrence: _____
 Additional information (treatment?, suspected disease?): _____

Location/distribution of lesion (s)



Dorsal Ventral

# SPECIMENS	
Sent	Received
_____	_____
_____	_____
_____	_____
Other: _____	
List: _____	

VIA:
 Courier
 Drop-off
 Mail
 Other

RECEIVED BY: _____

Any questions? Please contact the lab.

Email: ahlinfo@uoguelph.ca
 Website: http://ahl.uoguelph.ca
 AHL GUELPH: 519-824-4120 ext: 54530, Fax: 519-821-8072
 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
 Univ of Guelph/Kemptville
 Campus
 79 Shearer Street
 Kemptville, Ontario K0G 1J0