


SAMPLES TAKEN Date: ____/____/____ (yyyy/mm/dd) Time of day ____:____ Date sent ____/____/____ (yyyy/mm/dd)

SUBMITTED BY ☐ Veterinarian ☐ Owner ☐ Other **BILL** ☐ Veterinarian ☐ Other

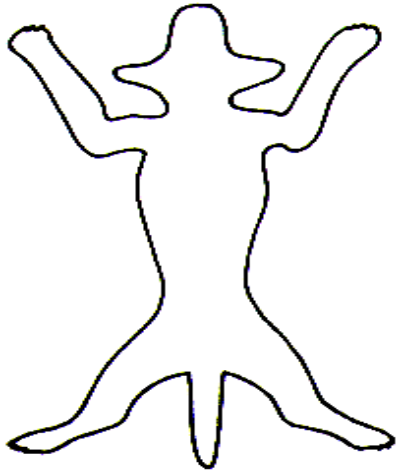
Important. Please read: The submitter confirms that they are the owner or a duly authorized agent. Anonymized test results will be shared with the Ontario Government for purposes of animal and public health surveillance. Contact information will be disclosed only in accordance with applicable law/legal 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 | Postal code | Species: _____ | Animal ID: ● _____ |
| City | Phone | Breed: _____ | |
| Veterinarian | | Age: _____ <input type="checkbox"/> d <input type="checkbox"/> w <input type="checkbox"/> m <input type="checkbox"/> y | |
| Email | | Sex: (check one) <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> M/N <input type="checkbox"/> F/S | |

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

| | |
|-------------------|---|
| Histology: | (1-2 biopsies or tissues): _____ (<i>histcm1</i>) |
| | (3-6 biopsies or tissues): _____ (<i>histcm2</i>) |
| | (>7 biopsies or tissues): _____ (<i>histcm3</i>) |
| | Endoscopic or skin biopsies: _____ (1-2 sites <i>histcm1</i>) _____ (3-4 sites <i>histcm2</i>) |
| | Tumour margins (for tumours greater than 2cm, requiring additional slide _____ (<i>histt</i>)) |
| Cytology: | Smears: _____ (<i>cytsm</i>) Fluid: _____ (<i>cyto</i>) Bone marrow: _____ (<i>bm</i>) |
| | Fluid (Check all that apply—detail when applicable) (<i>cyto</i>) |
| | <input type="checkbox"/> Abdominal <input type="checkbox"/> Thoracic <input type="checkbox"/> Synovial <input type="checkbox"/> CSF <input type="checkbox"/> Urine <input type="checkbox"/> 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)  <input type="radio"/> Dorsal <input type="radio"/> Ventral | # SPECIMENS <table border="1"> <thead> <tr> <th>Sent</th> <th>Received</th> </tr> </thead> <tbody> <tr> <td>Fixed tissue</td> <td>_____</td> </tr> <tr> <td>Fluid</td> <td>_____</td> </tr> <tr> <td>Slide</td> <td>_____</td> </tr> <tr> <td>Other</td> <td>_____</td> </tr> </tbody> </table> List: _____ _____ _____ | Sent | Received | Fixed tissue | _____ | Fluid | _____ | Slide | _____ | Other | _____ |
|---|---|--|------|----------|--------------|-------|-------|-------|-------|-------|-------|-------|
| Sent | Received | | | | | | | | | | | |
| Fixed tissue | _____ | | | | | | | | | | | |
| Fluid | _____ | | | | | | | | | | | |
| Slide | _____ | | | | | | | | | | | |
| Other | _____ | | | | | | | | | | | |

AHL Website: <http://ahl.uoguelph.ca>
AHL GUELPH: 519-824-4120 ext: 54530, Fax: 519-821-8072
Email: ahlinfo@uoguelph.ca
AHL KEMPTVILLE: 613-258-8320, Fax: 613-258-8324
Email: ahlkempt@uoguelph.ca

AHL Guelph Courier Address
 AHL—University of Guelph
 Attn: Specimen Reception
 50 Stone Rd E
 419 Gordon St, Bldg 89
 Guelph, ON, N1G 2W1

AHL Kemptville Courier Address
 Animal Health Laboratory
 Laboratory Services Division
 University of Guelph
 79 Shearer Street
 Kemptville, ON, K0G1J0

Specimens Received by: _____

Courier ☐
 Drop-off ☐

Histology Testing (Description):

Histology biopsy 1-2 test code: histcm1

For submissions with 1-2 biopsies (<6 cm) or tissues, OR multiple (6 or fewer in total) punch or trucut biopsies from 1-2 sites, OR endoscopic biopsies from 1-2 sites. Formalin-fixed tissue.

Histology biopsy 3-6 test code: histcm2

For submissions with 3-6 biopsies (< 6cm) or tissues, OR endoscopic biopsies from 3-4 sites, OR 1 biopsy 6-10 cm. For cases with multiple (6 or fewer) punch or trucut biopsies, use 'Histopathology, companion, 1-2'.

Histology biopsy >7 test code: histcm3

For submissions with 7 or more biopsies or tissues, OR biopsies or tissues > 10 cm diameter, e.g., spleen, brain, mammary chain, heart.

For all histology submissions:

1. Additional charges (per 15 min) may apply for the pathologist to sample large or complex specimens (e.g. amputated limbs, joints, heart, spleen, lungs) submitted for diagnostic testing.
2. Please specify if margin evaluation is required, as additional charges will apply for biopsies >2 cm (see test histt).
3. Additional charges will apply for biopsies requiring decalcification and / or nail softening, such as digit amputations and bone biopsies (see tests histdc and histns).

Decalcification: test code histdc

Histopathology, tumor margin evaluation: test code: histt

Extra charges apply in addition to regular histopathology charge. For tumor excisional biopsies >2 cm diameter. Includes preparation of 4 radial sections. Please request margin evaluation at time of sample submission.

Specimen sampling, pathologist / 15 min test code: necrm

For Histology test prices please register for the AHL Fee Guide on the AHL website at the link:

<https://www.uoguelph.ca/ahl/user/login?current=front>

Please include your clinic/name and email when registering.