



Lab use only

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

SUBMITTED BY  Veterinarian  Owner  Other BILL  Veterinarian  Other

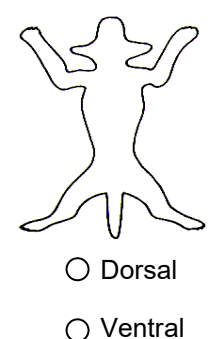
**Important. Please read:** The submitter confirms that they are the owner or a duly authorized agent. Anonymized test results will be shared with the Ontario Government for purposes of animal and public health surveillance. Contact information will be disclosed only in accordance with applicable law/legal 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
City	Phone
Veterinarian	Species: _____ Animal ID: ● _____
	Breed: _____
	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		Cytology		
Test	Code	Test	Checkbox	Code
<b>Biopsies or Tissues</b>		<b>Smears List site(s)</b>		
Class 1 <input type="checkbox"/>	<i>histcm1</i>	1-2 sites: _____	<input type="checkbox"/>	<i>cytcm1</i> 5
Class 2 <input type="checkbox"/>	<i>histcm2</i>	3-4 sites: _____	<input type="checkbox"/>	<i>cytcm2</i> 10
Class 3 <input type="checkbox"/>	<i>histcm3</i>	5-7 sites: _____	<input type="checkbox"/>	<i>cytcm3</i> 15
<b>Endoscopic or skin biopsies</b>		8-9 sites: _____	<input type="checkbox"/>	<i>cytcm4</i> 18
1-2 sites _____ <input type="checkbox"/>	<i>histcm1</i>	10 sites: _____	<input type="checkbox"/>	<i>cytcm5</i> 20
3-4 sites _____ <input type="checkbox"/>	<i>histcm2</i>	<b>Lymph node:</b> _____	<input type="checkbox"/>	<i>cytln</i> 10
Tumour margins (for tumours greater than 2cm, requiring additional slide) <i>*fee applies per mass</i>	<input type="checkbox"/> <i>histt</i>	<b>Bone marrow:</b> _____	<input type="checkbox"/>	<i>bm</i> 10
		<b>Fluid(s)</b>		
		Abdominal, Thoracic, Synovial, Transtracheal/BAL, Urine Site: _____	<input type="checkbox"/>	<i>cyto</i> <b>Charge per fluid</b>
		CSF, other	<input type="checkbox"/>	<i>cytcsf</i>

**\*\*Submission of additional slides will result in an additional charge of \$5 per slide. (cytstmx)**

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?) Use <a href="#">Generic AHL Worksheet</a> for additional history.	Location of lesion (s)  <input type="radio"/> Dorsal <input type="radio"/> Ventral  # SPECIMENS <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Sent</td> <td style="text-align: center;">Received</td> </tr> <tr> <td style="text-align: center;">Fixed tissue</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Fluid</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Slide</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Other</td> <td style="text-align: center;">_____</td> </tr> </table> List: _____ _____ _____	Sent	Received	Fixed tissue	_____	Fluid	_____	Slide	_____	Other	_____
Sent	Received										
Fixed tissue	_____										
Fluid	_____										
Slide	_____										
Other	_____										

AHL Website: <a href="http://ahl.uoguelph.ca">http://ahl.uoguelph.ca</a> AHL GUELPH: 519-824-4120 ext: 54530 Email: <a href="mailto:ahlinfo@uoguelph.ca">ahlinfo@uoguelph.ca</a>	AHL KEMPTVILLE: 613-258-8320, Fax: 613-258-8324 Email: <a href="mailto:ahlkempt@uoguelph.ca">ahlkempt@uoguelph.ca</a>	Specimens Received by: _____ Courier <input type="checkbox"/> Drop-off <input type="checkbox"/>
--	--	--

### **Histology Testing**

#### **Class 1 test code: histcm1**

For submissions with 1-2 specimens (<6 cm), **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.

#### **Class 2 test code: histcm2**

For submissions with 3-6 specimens (< 6cm), **OR** 1 biopsy 6-10 cm, **OR** multiple (6 or fewer) punch or trucut biopsies from 3-4 sites, **OR** multiple endoscopic biopsies from 3-4 sites. Formalin-fixed tissue.

#### **Class 3 test code: histcm3**

For submissions with 7 or more specimens, **OR** one biopsy > 10 cm at the largest dimension, **OR** complex specimens such as amputations (digit, limb, or tail), splenectomies, brains, intestinal resections, mammary chains, uterus.

#### **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**

### **Cytology Testing**

#### **1. Cytology Smears**

Fees and slide limits are now tiered based on the number of sites sampled.

- 1-2 sites: Maximum 5 slides (Testcode: cytsm1)
- 3-4 sites: Maximum 10 slides (Testcode: cytsm2)
- 5-7 sites: Maximum 15 slides (Testcode: cytsm3)
- 8-9 sites: Maximum 18 slides (Testcode: cytsm4)
- 10 sites: Maximum 20 slides (Testcode: cytsm5)

#### **2. Lymph Node & Bone Marrow**

- Lymph node: Maximum 10 slides (Testcode: cytln)
- Bone marrow: Maximum 10 slides (Testcode: bm)

#### **3. Fluid Submissions (Charge Per Tube)**

For general fluid analyses, billing is based on a charge per tube rather than per slide. This applies to Abdominal, Thoracic, Synovial, Transtracheal / BAL, and Urine samples (Testcode: cyto).

If you submit multiple tubes, for example with a BAL submission, and would like these samples pooled, please indicate this on the submission form.

Special Exception for CSF - (Testcode: cytcsf):

- Handling Protocol: Deliver to the laboratory immediately. If the sample cannot be sent immediately, split the sample evenly into two plain tubes: one neat sample and one with an equal volume of added autologous serum to preserve cell morphology. Please label both tubes appropriately.
- Billing Exception: When following this specific preservation protocol, the two submitted CSF tubes will incur only one single charge.

#### **IMPORTANT: Surcharge for Additional Slides (Testcode: cytsmx)**

Please be advised that the submission of slides exceeding the maximum limit for any specific category listed in sections 1 and 2 will result in an additional charge. We highly encourage clinicians to submit only the most representative slides for diagnostic evaluation to avoid unnecessary fees.

### **For Histology and Cytology 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.