



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		Cytology			
Test	Code	Test	Checkbox	Code	Max slide(s)
Biopsies or Tissues	Checkbox	Smears	List site(s)		
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
Endoscopic or skin biopsies		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>	Lymph node: _____	<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>histtt</i>	Bone marrow: _____	<input type="checkbox"/>	<i>bm</i>	10
		Fluid(s)			
		Abdominal, Thoracic, Synovial, Transtracheal/BAL, Urine	<input type="checkbox"/>	<i>cyto</i>	Charge per fluid
		CSF, other Site: _____	<input type="checkbox"/>	<i>cytcsf</i>	

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

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

Location/source of material: _____	Location of lesion (s) <input type="radio"/> Dorsal <input type="radio"/> Ventral	# SPECIMENS Sent Received Fixed tissue _____ Fluid _____ Slide _____ Other _____ List: _____ _____ _____
Size and shape: _____		
Growth pattern (expansion, invasion, pedunculation, etc.): _____		
Duration: _____		
Rate of growth: _____		
History of recurrence: _____		
Additional information (treatment?, suspected disease?) Use Generic AHL Worksheet for additional history.		

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.