



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. Contact Information must be supplied with all samples submitted for testing to the Animal Health Lab ("AHL").

Clinic No., Clinic, Address, City, Veterinarian, Email, Owner unique ID, Premises ID, Farm postal code, Species EQUINE, Animal ID, Breed, Age, Sex

History and lesion description, Weight, Duration of problem, Rabies suspect?, Insurance claim?, Possible litigation?, Resubmission?, Previous case #, STAT (Additional charges apply)

CLINICAL PATHOLOGY: Biochemistry, Endocrinology, Special Chemistry, Hematology, Coagulation; BACTERIOLOGY; VIROLOGY; PARASITOLOGY; MYCOPLASMOLOGY; TOXICOLOGY; HISTOPATHOLOGY; # SPECIMENS table; Animal ID

Any questions? Please contact the lab. AHL - Guelph Courier Address, Animal Health Laboratory Laboratory Services Division, RECEIVED BY: Initial, Courier, Drop-off, Mail, Other



ANIMAL HEALTH LABORATORY

ADDITIONAL ID WORKSHEET

Comments/History (Continued)

ID#	Identification	ID #	Identification