



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"). Agricultural animal testing carried out through AHL is subsidized by the Government of Ontario. 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	Premises ID _____ Farm postal code _____
Address	Postal code _____
City	Phone _____
Veterinarian	Species <b>EQUINE</b> Animal ID _____
Email	Breed _____
	Age: ____ d ____ w ____ m ____ y Sex M F M/N

<b>History and lesion description</b> (Clinical signs, lesion location/distribution/size/appearance, onset/duration of problem, current drug therapy, vaccinations)	Weight ____ kg.	<input type="checkbox"/> Rabies suspect?
	Duration of problem: ____ days ____ weeks ____ months ____ years	<input type="checkbox"/> Insurance claim? <input type="checkbox"/> Possible litigation? <input type="checkbox"/> Resubmission? Previous case # _____
<b>Clinical diagnosis</b>		<input type="checkbox"/> STAT (Additional charges apply)

<b>CLINICAL PATHOLOGY</b> <b>Biochemistry</b> <input type="checkbox"/> Biochem. profile equine <i>eprf</i> <input type="checkbox"/> Hepatic health profile <i>hplmp</i> <input type="checkbox"/> Pre-surgical profile <i>pslmp</i> <input type="checkbox"/> Renal health profile <i>mlmp</i> <input type="checkbox"/> Albumin <i>alb</i> <input type="checkbox"/> ALP <i>sap</i> <input type="checkbox"/> AST <i>ast</i> <input type="checkbox"/> Bile acids, single <i>bilss</i> <input type="checkbox"/> Bilirubin, conjugated <i>cbil</i> <input type="checkbox"/> Bilirubin, total <i>tbil</i> <input type="checkbox"/> Calcium <i>ca</i> <input type="checkbox"/> Cholesterol <i>chol</i> <input type="checkbox"/> Creatine kinase (CK) <i>ck</i> <input type="checkbox"/> Creatinine <i>creat</i> <input type="checkbox"/> GGT <i>ggc</i> <input type="checkbox"/> Glucose <i>gluc</i> <input type="checkbox"/> GLDH <i>glhd</i> <input type="checkbox"/> Iron & TIBC <i>fetib</i> <input type="checkbox"/> Magnesium <i>mg</i> <input type="checkbox"/> Na, K, Cl <i>lyte</i> <input type="checkbox"/> serum <input type="checkbox"/> urine <input type="checkbox"/> Osmolality <i>osm</i> <input type="checkbox"/> serum <input type="checkbox"/> urine <input type="checkbox"/> Phosphorus <i>p</i> <input type="checkbox"/> Total protein <i>tp</i> <input type="checkbox"/> Triglycerides <i>trig</i> <input type="checkbox"/> Urea (BUN) <i>urea</i> <b>Coagulation</b> <input type="checkbox"/> Profile1 (PT, PTT) <i>ptptt</i> <input type="checkbox"/> Profile 3 (PT, PTT, Fib) <i>coag3</i> <input type="checkbox"/> Fibrinogen <i>fib</i>	<b>Endocrinology, Special Chemistry</b> <input type="checkbox"/> ACTH <i>acth</i> <input type="checkbox"/> Cushing's profile 3 (ACTH, glucose, ft4d) <i>cuft</i> <input type="checkbox"/> Equine PPID (Cushing's) profile - ACTH, glucose, insulin (Cushing's panel = frozen EDTA plasma & serum) <i>cuin</i> <input type="checkbox"/> Electrophoresis <i>elphr</i> <input type="checkbox"/> serum <input type="checkbox"/> urine <input type="checkbox"/> Foal IgG - CITE ELISA <i>c-igg</i> <input type="checkbox"/> Insulin <i>ins</i> <input type="checkbox"/> Insulin & glucose <i>insgluc</i> <input type="checkbox"/> Progesterone <i>p4</i> <input type="checkbox"/> Thyroid, total T4 <i>tt4</i> <input type="checkbox"/> Thyroid profile 1 (ft4d, tt4) <i>tprf1</i> <input type="checkbox"/> Thyroid, free T4 by dialysis <i>ft4d</i> <b>Urinalysis</b> Type: <input type="checkbox"/> free flow <input type="checkbox"/> cystocentesis <input type="checkbox"/> catheterized <input type="checkbox"/> Routine urinalysis <i>urin</i> <input type="checkbox"/> Na, K, Cl creat., Ca, P <i>uchem</i> <input type="checkbox"/> Urine protein: creatinine. ratio <i>upcr</i> <input type="checkbox"/> Myoglobin electrophoresis <i>urmye</i> <input type="checkbox"/> Fecal occult blood <i>foc</i> <b>Hematology</b> <input type="checkbox"/> CBC, comprehensive <i>cbc</i> <input type="checkbox"/> Coombs' test, direct <i>coomd</i> <input type="checkbox"/> Crossmatch, setup <i>crx</i> <input type="checkbox"/> # ____ donors (Crossmatch) <i>crxeq</i> <b>Cytology</b> Site: _____ <input type="checkbox"/> Cytology smears <i>cytasm</i> <input type="checkbox"/> Cyto. fluids (inc. CSF) <i>cyto</i> <input type="checkbox"/> Cytology, bone marrow <i>bm</i>	<b>BACTERIOLOGY</b> Site: _____ <input type="checkbox"/> Culture & susceptibility <i>cultn</i> <input type="checkbox"/> Anaerobic & aerobic culture <i>ancultn</i> <input type="checkbox"/> Anaerobic culture <i>ancun</i> <input type="checkbox"/> Bacterial culture, fecal <i>cultnf1</i> <input type="checkbox"/> C. difficile toxins - ELISA <i>clodn</i> <input type="checkbox"/> C. perfringens - ELISA <i>clp</i> <input type="checkbox"/> C. difficile - culture <i>cdifn</i> <input type="checkbox"/> Lepto. screen - MAT <i>leptmatn</i> <input type="checkbox"/> Leptospira spp - PCR <i>leptpcr</i> <input type="checkbox"/> Lawsonia intracellularis - PCR <i>lapcn</i> <input type="checkbox"/> Mycology - fungal culture <i>myc</i> <input type="checkbox"/> Streptococcus equi - PCR <i>sequi</i> <b>Panels</b> <input type="checkbox"/> Eq. adult diarrhea PCR panel <i>adpcrp</i> <input type="checkbox"/> Eq. foal diarrhea PCR panel <i>fdpcrp</i> <b>PARASITOLOGY</b> <input type="checkbox"/> Fecal egg count (McMas) <i>fecm</i> <input type="checkbox"/> Fecal egg count (Wisc.) <i>fecw</i> <input type="checkbox"/> Fecal flotation <i>flote</i> <b>VIROLOGY</b> <input type="checkbox"/> Eq. arteritis virus - PCR <i>eavrt</i> <input type="checkbox"/> Eq. arteritis virus - VN <i>xeavvn</i> <input type="checkbox"/> EEEV IgM ELISA <i>xeeevme</i> <input type="checkbox"/> EEEV/WNV - PCR <i>eeewnvn</i> <input type="checkbox"/> Eq. herpesvirus 1 - PCR <i>ehv12</i> <input type="checkbox"/> Eq. herpesvirus 1/4 - VN <i>evr</i> <input type="checkbox"/> Eq. herpesvirus 2 - VN <i>eh2</i> <input type="checkbox"/> Equine rhinitis A virus - VN <i>er1</i> <input type="checkbox"/> Equine rhinitis B virus - VN <i>er2</i> <input type="checkbox"/> Influenza A antibody - ELISA <i>aifem</i> <input type="checkbox"/> Influenza A, matrix - PCR <i>inflpcr</i>	<input type="checkbox"/> Respiratory panel - VN <i>respe</i> (evr, eh2, er1, er2, h7n7hi, h3n8hi) <input type="checkbox"/> Rota/coronavirus - PCR <i>rocopcr</i> <input type="checkbox"/> WNV - PCR <i>wnvpr</i> <input type="checkbox"/> WNV - IgM ELISA <i>xwnveq</i> <b>MYCOPLASMOLOGY</b> <input type="checkbox"/> Lyme disease - PCR <i>lyPCR</i> <input type="checkbox"/> Mycoplasma culture <i>mcultn</i> <input type="checkbox"/> Potomac horse fever - PCR <i>phfpc</i> <b>TOXICOLOGY</b> <input type="checkbox"/> Feed additives screen <i>scfa</i> (monensin, narasin, salinomycin) <input type="checkbox"/> Min. panel, heavy metal <i>hmssc</i> (Sb As Be B Cd Co Cr Cu Fe Pb Hg Mg Mn Mo Ni Se Sn Tl Zn) <input type="checkbox"/> Selenium, serum <i>tsems</i> <input type="checkbox"/> Vitamin E, serum <i>vite</i> <input type="checkbox"/> Min. panel trace element... <i>icpse</i> (Co, Cu, Fe, Mo, Mn, Se, Zn) <b>HISTOPATHOLOGY</b> Additional charges may apply for: 1) Demineralization-bone/other hard tissues 2) Nail/hof softening <input type="checkbox"/> Histopathology (1-2 t/b*) <i>histcm1</i> <input type="checkbox"/> Histopathology (3-6 t/b*) <i>histcm2</i> <input type="checkbox"/> Histopathology (7+ t/b*) <i>histcm3</i> <input type="checkbox"/> Tumor margin evaluation <i>hist</i> (biopsy > 2cm) <b>OTHER TESTS REQUESTED</b> (See Fee schedule for complete listing) <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b># SPECIMENS</b> <table border="1"> <thead> <tr> <th>Sent</th> <th>Received</th> </tr> </thead> <tbody> <tr><td>Whole blood</td><td>_____</td></tr> <tr><td>Serum</td><td>_____</td></tr> <tr><td>EDTA</td><td>_____</td></tr> <tr><td>Cit. Na.</td><td>_____</td></tr> <tr><td>Urine</td><td>_____</td></tr> <tr><td>Feces</td><td>_____</td></tr> <tr><td>Fresh tissue</td><td>_____</td></tr> <tr><td>Fixed tissue</td><td>_____</td></tr> <tr><td>Fluid</td><td>_____</td></tr> <tr><td>Scrapings</td><td>_____</td></tr> <tr><td>Slide</td><td>_____</td></tr> <tr><td>Swab</td><td>_____</td></tr> <tr><td>Other:</td><td>_____</td></tr> </tbody> </table> List: _____ Animal ID ● _____ ● _____ ● _____ ● _____ ● _____ For additional animals use back page or send Excel spreadsheet to: <a href="mailto:spectrum@uoguelph.ca">spectrum@uoguelph.ca</a>	Sent	Received	Whole blood	_____	Serum	_____	EDTA	_____	Cit. Na.	_____	Urine	_____	Feces	_____	Fresh tissue	_____	Fixed tissue	_____	Fluid	_____	Scrapings	_____	Slide	_____	Swab	_____	Other:	_____
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Swab	_____																															
Other:	_____																															

<b>Any questions? Please contact the lab.</b> Email: <a href="mailto:ahinfo@uoguelph.ca">ahinfo@uoguelph.ca</a> Website: <a href="http://ahl.uoguelph.ca">http://ahl.uoguelph.ca</a> AHL GUELPH: 519-824-4120 ext: 54530, Fax: 519-827-0961 AHL KEMPTVILLE: 613-258-8320, Fax: 613-258-8324	<b>AHL - Guelph Courier Address</b> UoG Animal Health Lab-PAHL 419 Gordon Street-Bldg 89 Guelph, ON N1G 2W1 Attn: Specimen Reception	<b>Animal Health Laboratory Laboratory Services Division</b> 79 Shearer Street Kemptville, Ontario K0G 1J0	<b>RECEIVED BY:</b> Initial _____ Courier <input type="checkbox"/> Mail <input type="checkbox"/> Drop-off <input type="checkbox"/> Other <input type="checkbox"/>
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# ANIMAL HEALTH LABORATORY

ADDITIONAL ID WORKSHEET

Comments/History (Continued)

ID#	Identification	ID #	Identification