

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	Premises ID _____ Farm postal code _____
Address _____ Postal code _____	Species <u>EQUINE</u> Animal ID ● _____
City _____ Phone _____	Breed _____ ● _____
Veterinarian _____	Age: _____ ☐ d ☐ w ☐ m ☐ y ● _____
Email _____	Sex ☐ M ☐ F ☐ Castrated ● _____

History (Clinical signs, lesion location/distribution/size/appearance, onset/duration of problem, current drug therapy, vaccinations)

Weight _____ kg.

Duration of problem:
 ___ days
 ___ weeks
 ___ months
 ___ years

☐ Rabies suspect?
☐ Insurance claim?
☐ Possible litigation?
☐ Resubmission?
 Previous case #

Clinical diagnosis

☐ STAT (Additional charges apply)

CLINICAL PATHOLOGY			# SPECIMENS		
Biochemistry			Sent	Received	
☐ Biochem. profile equine	<i>eprf</i>				Blood-serum
☐ Hepatic health profile	<i>hplmp</i>				Serum
☐ Pre-surgical profile	<i>pslmp</i>				EDTA
☐ Renal health profile	<i>rnmp</i>				EDTA plasma
☐ Bile acids, single	<i>bilss</i>				Cit. Na.
☐ Bilirubin, total	<i>tbil</i>				Urine
☐ Calcium	<i>ca</i>				Feces
☐ Cholesterol	<i>chol</i>				Fresh tissue
☐ Creatine kinase (CK)	<i>ck</i>				Fixed tissue
☐ Creatinine	<i>creat</i>				Fluid
☐ GGT	<i>ggt</i>				RB serum
☐ Glucose	<i>gluc</i>				Scrapings
☐ GLDH	<i>glhd</i>				Slide
☐ Iron & TIBC	<i>feib</i>				Swab
☐ Magnesium	<i>mg</i>				Other:
☐ Na, K, Cl	<i>lyte</i>				
☐ serum urine					
☐ Osmolality	<i>osm</i>				
☐ serum urine					
☐ Phosphorus	<i>p</i>				
☐ Total protein	<i>tp</i>				
☐ Triglycerides	<i>trig</i>				
Coagulation					
☐ Profile1 (PT, PTT)	<i>ptptt</i>				
☐ Profile 3 (PT, PTT, Fib)	<i>coag3</i>				
☐ Fibrinogen	<i>fib</i>				
Endocrinology, Special Chemistry					
☐ ACTH	<i>acth</i>				
☐ Cushing's profile 3	<i>cuft</i>				
(ACTH, glucose, fT4d)					
☐ Equine PPID (Cushing's) profile	<i>cuin</i>				
ACTH, glucose, insulin					
(Cushing's panel = frozen EDTA plasma & serum)					
☐ Electrophoresis	<i>elphr</i>				
☐ serum urine					
☐ Foal IgG - CITE ELISA	<i>c-igg</i>				
☐ Insulin	<i>ins</i>				
☐ Insulin & glucose	<i>insgluc</i>				
☐ Progesterone	<i>p4</i>				
☐ Thyroid, total T4	<i>tt4</i>				
☐ Thyroid profile 1 (fT4d, tt4)	<i>tprf1</i>				
☐ Thyroid, free T4 by dialysis	<i>ft4d</i>				
Urinalysis					
Type: ☐ free flow ☐ cystocentesis					
☐ catheterized					
☐ Routine urinalysis	<i>urin</i>				
☐ Urine protein: creatinine. ratio	<i>upcr</i>				
☐ Fecal occult blood	<i>foc</i>				
Hematology					
☐ CBC, comprehensive	<i>cbc</i>				
☐ Coombs' test, direct	<i>coomd</i>				
Cytology					
Site: _____					
☐ Cytology smears	<i>cytsm</i>				
☐ Cyto. fluids (inc. CSF)	<i>cyto</i>				
☐ Cytology, bone marrow	<i>bm</i>				
BACTERIOLOGY					
Site: _____					
☐ Culture & susceptibility					
(disk diffusion)	<i>cultn</i>				
☐ Culture & susceptibility					
(MIC)	<i>cultnm</i>				
☐ Anaerobic & aerobic culture					
(disk diffusion)	<i>ancultn</i>				
☐ Anaerobic & aerobic culture					
(MIC)	<i>anculnm</i>				
☐ Bacterial culture, fecal	<i>cultnrf1</i>				
☐ C. difficile toxins - ELISA	<i>clodn</i>				
☐ C. perfringens - ELISA	<i>clp</i>				
☐ C. difficile - culture	<i>cdifn</i>				
☐ Lepto. screen - MAT	<i>leptmatn</i>				
☐ Leptospira spp - PCR	<i>leptpcr</i>				
☐ Lawsonia intracellularis - PCR	<i>lapcn</i>				
☐ Mycology - fungal culture	<i>myc</i>				
☐ Streptococcus equi - PCR	<i>sequi</i>				
Panels (submit 3 specimens)					
☐					

Any questions? Please contact the lab.

Email: ahlinfo@uoquelph.ca

Website: <http://ahl.uoguelph.ca>

AHL GUELPH: 519-824-4120 ext: 54530, Fax: 519-827-0961

AHL KEMPTVILLE: 613-258-8320, Fax: 613-258-8324

AHL - Guelph Courier Address

UoG Animal Health Lab-PAHL

419 Gordon Street-Bldg 89

Guelph, ON N1G 2W1

Guelph, ON N1G 2W1
Attn: Specimen Reception

**Animal Health Laboratory
Laboratory Services Division**
79 Shearer Street
Kemptville, Ontario
K0G 1J0

RECEIVED BY: Initial

Courier ☐
Drop-off ☐

