



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

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 Biochemistry ☐ Biochem. profile equine <i>eprf</i> ☐ Hepatic health profile <i>hplmp</i> ☐ Pre-surgical profile <i>pslmp</i> ☐ Renal health profile <i>mlmp</i> ☐ Bile acids, single <i>bilss</i> ☐ Bilirubin, total <i>tbil</i> ☐ Calcium <i>ca</i> ☐ Cholesterol <i>chol</i> ☐ Creatine kinase (CK) <i>ck</i> ☐ Creatinine <i>creat</i> ☐ GGT <i>ggt</i> ☐ Glucose <i>gluc</i> ☐ GLDH <i>glhdh</i> ☐ Iron & TIBC <i>fetib</i> ☐ Magnesium <i>mg</i> ☐ Na, K, Cl <i>lyte</i> ☐ Osmolality <i>osm</i> ☐ 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 (ACTH, glucose, ft4d) <i>cuft</i> ☐ Equine PPID (Cushing's) profile - ACTH, glucose, insulin (Cushing's panel = frozen EDTA plasma & serum) <i>cuin</i>	☐ 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>tpfr1</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>	☐ 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) ☐ Eq. adult diarrhea PCR panel <i>adpcrp</i> ☐ Eq. foal diarrhea PCR panel <i>fdpcrp</i> PARASITOLOGY ☐ Fecal egg count (McMas) <i>fecm</i> ☐ Fecal egg count (Wisc.) <i>fecw</i> ☐ Fecal flotation <i>flote</i> VIROLOGY ☐ Eq. adenovirus/Eq. herpes 1&4/ Eq. herpesvirus 2 & 5 - PCR <i>eadvehv</i> ☐ Eq. arteritis virus - PCR <i>eavrt</i> ☐ Eq. arteritis virus - VN <i>xeavvn</i> ☐ EEEEV IgM ELISA <i>xeeevme</i> ☐ EEEEV/WNV - PCR <i>eeewnv</i> ☐ Eq. herpesvirus 1 - PCR <i>ehv12</i> ☐ EDTA blood ☐ swab ☐ Eq. herpesvirus 1/4 - VN <i>evr</i> ☐ Eq. herpesvirus 2 - VN <i>eh2</i> ☐ Eq. respiratory PCR panel <i>eresp</i> ☐ Equine rhinitis A virus - VN <i>er1</i> ☐ Equine rhinitis B virus - VN <i>er2</i> ☐ Influenza A antibody - ELISA <i>aifem</i> ☐ Influenza A, matrix - PCR <i>inflpcr</i> ☐ Influenza A virus/Eq. rhin. A/ Eq. rhin. B - PCR <i>inflerv</i> ☐ Respiratory panel - VN (evr, eh2, er1, er2, h7n7hi, h3n8hi) <i>respe</i>	☐ Rota/coronavirus - PCR <i>rocopcr</i> ☐ WNV - IgM ELISA <i>xwnveq</i> MYCOPLASMOLOGY ☐ Lyme disease - PCR <i>lyPCR</i> ☐ Mycoplasma culture <i>mcuIn</i> ☐ Potomac horse fever - PCR <i>phfpc</i> TOXICOLOGY ☐ Feed additives screen <i>scrfa</i> (monensin, narasin, salinomycin) ☐ 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) ☐ Selenium, serum <i>tsems</i> ☐ Selenium, blood <i>tsemsb</i> ☐ Vitamin E, serum <i>vite</i> ☐ Min. panel trace element... <i>icpse/</i> (Co, Cu, Fe, Mo, Mn, Se, Zn) <i>icpti</i> HISTOPATHOLOGY Additional charges will apply for: 1) Demineralization-bone/other hard tissues 2) Nail/hof softening 3) Code subject to change if # of biopsies exceeds selection ☐ Histology class 1 <i>histcm1</i> ☐ Histology class 2 <i>histcm2</i> ☐ Histology class 3 <i>histcm3</i> ☐ Tumor margin evaluation <i>histt</i> (biopsy > 2cm) SENDOUT TESTS (S & H charges apply) ☐ Eq. metabolic syndrome <i>xeqmsf</i> ☐ EPM SAG2 4/3 ELISA <i>xepme</i> ☐ Lyme multiplex, Ab assay <i>xlyme</i> OTHER TESTS REQUESTED (See Fee schedule for complete listing) ☐ _____	# SPECIMENS <table border="1"> <thead> <tr> <th>Sent</th> <th>Received</th> </tr> </thead> <tbody> <tr><td>_____</td><td>Blood-serum _____</td></tr> <tr><td>_____</td><td>Serum _____</td></tr> <tr><td>_____</td><td>EDTA _____</td></tr> <tr><td>_____</td><td>EDTA plasma _____</td></tr> <tr><td>_____</td><td>Cit. Na. _____</td></tr> <tr><td>_____</td><td>Urine _____</td></tr> <tr><td>_____</td><td>Feces _____</td></tr> <tr><td>_____</td><td>Fresh tissue _____</td></tr> <tr><td>_____</td><td>Fixed tissue _____</td></tr> <tr><td>_____</td><td>Fluid _____</td></tr> <tr><td>_____</td><td>RB serum _____</td></tr> <tr><td>_____</td><td>Scrapings _____</td></tr> <tr><td>_____</td><td>Slide _____</td></tr> <tr><td>_____</td><td>Swab _____</td></tr> <tr><td>_____</td><td>Other: _____</td></tr> </tbody> </table>	Sent	Received	_____	Blood-serum _____	_____	Serum _____	_____	EDTA _____	_____	EDTA plasma _____	_____	Cit. Na. _____	_____	Urine _____	_____	Feces _____	_____	Fresh tissue _____	_____	Fixed tissue _____	_____	Fluid _____	_____	RB serum _____	_____	Scrapings _____	_____	Slide _____	_____	Swab _____	_____	Other: _____
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Any questions? Please contact the lab. Email: ahlinfo@uoguelph.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 Attn: Specimen Reception	Animal Health Laboratory Laboratory Services Division 79 Shearer Street Kemptville, Ontario K0G 1J0	RECEIVED BY: Initial _____ Courier ☐ Drop-off ☐
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Comments/History (Continued)

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