



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.

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

History (Clinical signs, lesion location/distribution/size/appearance, onset/duration of problem, current drug therapy, vaccinations), Weight, Duration of problem, Rabies suspect?, Insurance claim?, Possible litigation?, Resubmission?, Previous case #, ACTH sample temperature on receipt at the AHL, STAT (Additional charges apply)

CLINICAL PATHOLOGY: Biochemistry, Urinalysis, Hematology, Cytology, BACTERIOLOGY, Coagulation, Endocrinology, Special Chemistry; TOXICOLOGY; HISTOPATHOLOGY; SENDOUT TESTS; OTHER TESTS REQUESTED; MYCOPLASMOLOGY/MOLECULAR

AHL GUELPH: 519-824-4120 ext: 54530 Email: ahlinfo@uoguelph.ca

AHL KEMPTVILLE: 613-258-8320, Fax: 613-258-8324 Email: ahlkempt@uoguelph.ca

RECEIVED BY: Initial _____ Courier [] Drop-off []

