

GENERIC/EXOTIC
SUBMISSION FORM



Lab use only

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	Address
Address	Postal code
City	Phone
Veterinarian	Fax
Email	Barn postal code
	Premises ID
	Barn postal code
	Phone
	Email
	Farm
	Fax
	Barn/pen/floor/batch ID

DEMOGRAPHIC INFORMATION IMPORTANT			History (treatments, vaccinations, management, including all current drug therapy)
Species: _____	<input type="checkbox"/> Rabies suspect	Case type <input type="checkbox"/> Diagnostic <input type="checkbox"/> Monitoring <input type="checkbox"/> Research <input type="checkbox"/> Other	Special instructions
Age : ____ <input type="checkbox"/> d <input type="checkbox"/> w <input type="checkbox"/> m <input type="checkbox"/> y	<input type="checkbox"/> Insurance claim		
Sex : <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> mixed	<input type="checkbox"/> Possible litigation		
	<input type="checkbox"/> Previous case # _____		
Herd size _____			<input type="checkbox"/> STAT (additional charges apply)
No. at risk _____			
No. sick _____			
No. dead _____			
Weight _____ kg <input type="checkbox"/> lb <input type="checkbox"/>			
Duration of problem: _____ days _____ weeks _____ months _____ years			

- The AHL does not accept submissions from non-human primates.
- The AHL does not accept venomous snakes or reptiles, poisonous amphibians or fish for gross or histologic pathology examination.

CLINICAL PATHOLOGY Biochemistry <input type="checkbox"/> Profile: _____ <input type="checkbox"/> Avian/reptilian - Vetscan <i>scana</i> <input type="checkbox"/> Creatinine <i>creat</i> <input type="checkbox"/> Cortisol <i>cort</i> <input type="checkbox"/> Electrolyte profile <i>lyte</i> <input type="checkbox"/> Fructosamine <i>fruc</i> <input type="checkbox"/> Haptoglobin <i>hp</i> <input type="checkbox"/> NEFA <i>nefa</i> <input type="checkbox"/> Progesterone <i>p4</i> <input type="checkbox"/> Total T4 <i>tt4</i> <input type="checkbox"/> Other: _____ Coagulation <input type="checkbox"/> Fibrinogen <i>fib</i> <input type="checkbox"/> Profile 1 (PT, PTT) <i>ptpt</i> <input type="checkbox"/> Profile 3 (PT, PTT, Fib) <i>coag3</i> Hematology <input type="checkbox"/> CBC, food animal <i>cbcf</i> <input type="checkbox"/> CBC, companion animal <i>cbc</i> <input type="checkbox"/> CBC, avian/reptilian <i>avcbc</i> <input type="checkbox"/> Platelet count <i>plts</i> <input type="checkbox"/> Reticulocytes <i>ret</i>	Urinalysis <input type="checkbox"/> Routine <i>urin</i> Type: <input type="checkbox"/> free flow <input type="checkbox"/> catheterized <input type="checkbox"/> cystocentesis Cytology Site: _____ <input type="checkbox"/> Cytology smears <i>cytsm</i> <input type="checkbox"/> Cyto. fluids (inc. CSF) <i>cyto</i> <input type="checkbox"/> Cytology, bone marrow <i>bm</i> BACTERIOLOGY Site: _____ <input type="checkbox"/> Culture and susceptibility, food <i>cultf</i> <input type="checkbox"/> Culture & susceptibility, companion (disk diffusion) <i>cultn</i> <input type="checkbox"/> Culture & susceptibility, companion (MIC) <i>cultnm</i> <input type="checkbox"/> Anaerobic & aerobic, food <i>ancultf</i> <input type="checkbox"/> Anaerobic & aerobic culture (disk diffusion) <i>ancultn</i> <input type="checkbox"/> Anaerobic & aerobic culture (MIC) <i>anculnm</i> <input type="checkbox"/> Anaerobic culture <i>ancuf/ancun</i> <input type="checkbox"/> Chlamydia psittaci - PCR <i>cpPCR</i> <input type="checkbox"/> Leptospirosis, food <i>leptmatf</i>	<input type="checkbox"/> Leptospirosis, comp. <i>leptmatn</i> <input type="checkbox"/> Mycology - fungal culture <i>myc</i> <input type="checkbox"/> Other: _____ VIROLOGY <input type="checkbox"/> Aleutian dis., mink - PCR <i>advpcr</i> <input type="checkbox"/> BTV/EHDV - PCR (deer) <i>btvehdv</i> <input type="checkbox"/> Canine distemper virus - PCR <i>cdvmb</i> <input type="checkbox"/> CWD - ELISA <i>cwde</i> <input type="checkbox"/> Elephant herpesvirus 1-7 - PCR <i>eehvmb</i> PARASITOLOGY <input type="checkbox"/> Fecal flotation, companion <i>flotn</i> <input type="checkbox"/> Fecal flotation, wildlife <i>flotw</i> MYCOPLASMOLOGY <input type="checkbox"/> Haemoplasma - PCR <i>hapcr3</i> <input type="checkbox"/> Mycoplasma culture, cell line <i>mcultc</i> <input type="checkbox"/> Mycoplasma culture, food <i>mcultf</i> <input type="checkbox"/> Mycoplasma culture <i>mcultn</i> <input type="checkbox"/> Ophidiomyces oph. - PCR <i>oopcr</i> <input type="checkbox"/> Serpentinovirus - PCR (Reptile nidovirus) <i>serppcr</i>	<input type="checkbox"/> Trichomonas gallinae - PCR <i>tgpcr</i> <input type="checkbox"/> Pseudo. destructans - PCR <i>gdespcr</i> TOXICOLOGY <input type="checkbox"/> Anticoagulant screen <i>scrac</i> <input type="checkbox"/> Lead, blood, companion <i>tpbbca</i> <input type="checkbox"/> Lead, blood, food <i>tpbb</i> <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 Ti Zn) HISTOPATHOLOGY <i>Additional charges will apply for:</i> 1) Demineralization-bone/other hard tissues 2) Nail/hof softening 3) Code subject to change if # of biopsies exceeds selection # of tissues/biopsies _____ <input type="checkbox"/> Histology class 1 <i>histcm1</i> <input type="checkbox"/> Histology class 2 <i>histcm2</i> <input type="checkbox"/> Histology class 3 <i>histcm3</i> <input type="checkbox"/> Tumor margin evaluation <i>histt</i> (biopsy > 2cm) Lesion location _____	# SPECIMENS Sent Received Whole blood _____ Serum _____ EDTA _____ Urine _____ Feces _____ Fresh tissue _____ Fixed tissue _____ Fluid _____ Scrapings _____ Slide _____ Swab _____ Other _____ List: _____ VIA <input type="radio"/> Courier <input type="radio"/> Drop-off <input type="radio"/> Mail <input type="radio"/> Other RECEIVED BY _____
--	---	---	---	--

Comments/History (Continued)

[illegible]