



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/pen/floor/batch ID
	Premises ID
	Barn postal code
	Phone
	Email
	Farm
	Fax

*****DEMOGRAPHIC INFORMATION IMPORTANT*****

Breed: _____

Age: ____ d ____ w ____ m ____ y

Sex: male female mixed

Rabies suspect

Insurance claim

Possible litigation

Previous case # _____

Case type

Diagnostic

Monitoring

Research

Other

History (treatments, vaccinations, management, including all current drug therapy)

Herd size _____

No. at risk _____

No. sick _____

No. dead _____

Weight _____ kg lb

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

Animal ID

• _____

• _____

• _____

• _____

Special instructions

STAT (additional charges apply)

•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.

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