



ANIMAL HEALTH MILK CULTURE SUBMISSION FORM
LABORATORY



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.

Veterinarian required for interpretation, milk will not be processed without one		Owner unique ID (max. 40 characters)	
Clinic No.		Dairycomp ID (ANIMAL ID FIELD):	
Clinic		Address	
Address	Postal code	Premises ID	Farm postal code
City	Phone	Phone	Fax
Veterinarian Required:	Fax	Phone	Fax
Email		Email	

Species: _____ Breed: _____

History
*****Clinician/submitter: Please see reverse of this form and enter ID's as in the example provided*****

*Total number of animals milking on sample day ____ . Samples submitted Fresh (never frozen) Frozen

*****Please check all applicable tests*****	
<p>Mastitis testing</p> <p><input type="checkbox"/> Culture only (<i>mast</i>)</p> <p><input type="checkbox"/> Culture and antimicrobial susceptibility testing (<i>mast</i>)</p> <p><input type="checkbox"/> Bulk tank - culture only (<i>bulkc</i>)</p> <p><input type="checkbox"/> Somatic cell counts – Fresh milk only (<i>scc</i>)</p> <p><input type="checkbox"/> Beta – lactamase testing – on <i>Staphylococcus aureus</i> isolates</p> <p>Mycoplasma sp. testing</p> <p><input type="checkbox"/> <i>Mycoplasma sp.</i> culture, individual milk (<i>mculm</i>)</p> <p><input type="checkbox"/> <i>Mycoplasma sp.</i> culture, bulk tank milk (<i>mculb</i>)</p> <p><input type="checkbox"/> <i>Mycoplasma bovis</i> - PCR (<i>mbpcr</i>)</p>	<p>Bacterial counts - bedding</p> <p><input type="checkbox"/> Bacterial total aerobic count, bedding (<i>tab</i>)</p> <p><input type="checkbox"/> Bacterial total coliform count, bedding (<i>tcb</i>)</p> <p><input type="checkbox"/> Bacterial total aerobic and coliform count, bedding (<i>tacb</i>)</p> <p>Bacterial counts – colostrum/milk</p> <p><input type="checkbox"/> Bacterial total aerobic count, colostrum/milk (<i>tam</i>)</p> <p><input type="checkbox"/> Bacterial total coliform count, colostrum/milk (<i>tcm</i>)</p> <p><input type="checkbox"/> Bacterial total aerobic and coliform count, colostrum/milk (<i>tacm</i>)</p>

<p>Any questions? Please contact the lab.</p> <p>Email: ahinfo@uoguelph.ca Website: http://ahl.uoguelph.ca AHL GUELPH: 519-824-4120 ext: 54530, Fax: 519-821-8072 AHL KEMPTVILLE: 613-258-8320, Fax: 613-258-8324</p>	<p>AHL - Guelph Courier Address</p> <p>UoG Animal Health Lab-PAHL 419 Gordon Street-Bldg 89 Guelph, ON N1G 2W1 Attn: Specimen Reception</p>	<p>Animal Health Laboratory Laboratory Services Division 79 Shearer Street Kemptville, Ontario K0G 1J0</p>	<p># Specimens Received _____</p> <p>Initial _____</p> <p>Specimens Received by:</p> <p>Courier <input type="checkbox"/></p> <p>Drop-off <input type="checkbox"/></p>
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Owner Unique ID _____

Farm/Barn _____

Vial #	Animal ID		Producer ID field	For BACT use only	Vial #	Animal ID		Producer ID field	For BACT use only
AHL data field→	Animal/Client Sample ID field		Producer ID field	For BACT use only	AHL data field→	Animal/Client Sample ID field		Producer ID field	For BACT use only
	Primary cow ID (Cow mgmt # or name)	Secondary Cow ID (if available)	(LH, LF, RH, RF, C or BT)	(Clinical Non-clinical)		Primary cow ID (Cow mgmt # or name)	Secondary Cow ID (if available)	(LH, LF, RH, RF, C or BT)	(Clinical Non-clinical)
1	BESSIE	321	LH	<input checked="" type="checkbox"/> CL <input type="checkbox"/> NC	17	BERTIE	213	RH	<input type="checkbox"/> CL <input checked="" type="checkbox"/> NC
				<input type="checkbox"/> CL <input type="checkbox"/> NC					<input type="checkbox"/> CL <input type="checkbox"/> NC
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LEGEND	
C	Composite
BT	Bulk tank
CL	Clinical
NC	Non-clinical