



# 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 <input type="radio"/> Veterinarian <input type="radio"/> Owner <input type="radio"/> Other	BILL <input type="radio"/> Veterinarian <input type="radio"/> 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.

<b>***Veterinarian required for interpretation, milk will not be processed without one***</b>		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	Email	
Email			

Species:	Breed:
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**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

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

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

## Farm/Barn

[illegible]

LEGEND	
C	Composite
BT	Bulk tank
CL	Clinical
NC	Non-clinical