



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. Contact information will be disclosed only in accordance with applicable law/legal obligation, including reportable disease legislation. Samples cannot be returned to the submitter due to biosafety regulations. Specimens submitted and any information or intellectual property arising therefrom belong to University of Guelph unless otherwise arranged in writing prior to submission. Information collected may be shared in accordance with applicable legislation, including without limitation, the Freedom of Information and Protection of Privacy Act.

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	
City		Premises ID	
Phone		Farm postal code	
Veterinarian Required:		Phone	
Fax		Fax	
Email		Email	
Species:		Breed:	
Commodity: <input type="checkbox"/> Dairy <input type="checkbox"/> Meat <input type="checkbox"/> Other			

Note: Please see reverse of this form and enter ID's as in the example provided

Total number of animals milking on sample day _____. ☐ Fresh (never frozen) ☐ Frozen

Note: Water samples, require an AHL water testing form to be submitted. For a copy of the link: <https://www.uoguelph.ca/ahl/submissions/submission-forms-and-special-projects>

*****Please check all applicable tests*****		Bacterial counts - bedding																			
Mastitis testing <input type="checkbox"/> Culture only <i>mast</i> <input type="checkbox"/> Culture and antimicrobial susceptibility testing <i>mast</i> <input type="checkbox"/> Bulk tank - culture only <i>bulkc</i> <input type="checkbox"/> Somatic cell counts – fresh milk only <i>scc</i> <input type="checkbox"/> Beta – lactamase testing – on <i>Staphylococcus aureus</i> isolates		<input type="checkbox"/> Bacterial total aerobic count, bedding <i>tab</i> <input type="checkbox"/> Bacterial total coliform count, bedding <i>tcb</i> <input type="checkbox"/> Bacterial total aerobic and coliform count, bedding <i>tacb</i> <input type="checkbox"/> Mastitis, environmental culture, single pathogen: <i>macule1</i> indicate pathogen _____ <input type="checkbox"/> Mastitis, environmental culture (all aerobic mastitis pathogens) <i>macule</i>																			
Mycoplasma sp. testing <input type="checkbox"/> <i>Mycoplasma</i> sp. culture, individual milk <i>mcu1m</i> <input type="checkbox"/> <i>Mycoplasma</i> sp. culture, bulk tank milk <i>mcu1b</i> <input type="checkbox"/> <i>Mycoplasma bovis</i> - PCR <i>mbpcr</i>		Bacterial counts – colostrum/milk <input type="checkbox"/> Bacterial total aerobic count, colostrum/milk <i>tam</i> <input type="checkbox"/> Bacterial total coliform count, colostrum/milk <i>tcm</i> <input type="checkbox"/> Bacterial total aerobic and coliform count, colostrum/milk <i>tacm</i>																			
AHL Website: http://ahl.uoguelph.ca AHL GUELPH: 519-824-4120 ext: 54530, Fax: 519-821-8072 Email: ahlinfo@uoguelph.ca AHL KEMPTVILLE: 613-258-8320, Fax: 613-258-8324 Email: ahlkempt@uoguelph.ca		AHL Guelph Courier Address AHL– University of Guelph Atten: Specimen Reception 50 Stone Rd E 419 Gordon St, Bldg 89 Guelph, ON, N1G 2W1																			
		AHL Kemptville Courier Address Animal Health Laboratory Laboratory Services Division University of Guelph 79 Shearer Street Kemptville, ON, K0G1J0																			
		<table border="1"> <thead> <tr> <th>Sent</th> <th>#SPECIMENS</th> <th>Received</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>Milk</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>Bulk tank</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>Bedding</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>Water</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>Other</td> <td>_____</td> </tr> </tbody> </table>		Sent	#SPECIMENS	Received	_____	Milk	_____	_____	Bulk tank	_____	_____	Bedding	_____	_____	Water	_____	_____	Other	_____
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_____	Water	_____																			
_____	Other	_____																			
		Received by: <input type="checkbox"/> Courier <input type="checkbox"/> Drop-off																			



Owner Unique ID

Farm/Barn

[illegible]

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