



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	Premises ID	Farm postal code
City	Phone	Phone	Fax
Veterinarian Required:	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"/> 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>	<input type="checkbox"/> Mastitis, environmental culture, single pathogen:	<i>macule1</i>
<input type="checkbox"/> Somatic cell counts – fresh milk only	<i>scc</i>	indicate pathogen _____	
<input type="checkbox"/> Beta – lactamase testing – on <i>Staphylococcus aureus</i> isolates		<input type="checkbox"/> Mastitis, environmental culture (all aerobic mastitis pathogens)	<i>macule</i>
Mycoplasma/Molecular		Bacterial counts – colostrum/milk	
<input type="checkbox"/> <i>Mycoplasma sp.</i> culture, individual milk	<i>mculm</i>	<input type="checkbox"/> Bacterial total aerobic count, colostrum/milk	<i>tam</i>
<input type="checkbox"/> <i>Mycoplasma sp.</i> culture, bulk tank milk	<i>mculb</i>	<input type="checkbox"/> Bacterial total coliform count, colostrum/milk	<i>tcm</i>
<input type="checkbox"/> <i>Mycoplasma bovis</i> - PCR	<i>mbpcr</i>	<input type="checkbox"/> Bacterial total aerobic and coliform count, colostrum/milk	<i>tacm</i>

Sent	#SPECIMENS	Received	
_____	Milk	_____	
_____	Bulk tank	_____	
_____	Bedding	_____	Initial _____
_____	Water	_____	
_____	Other	_____	

Received by: Courier Drop-off

AHL GUELPH: 519-824-4120 ext: 54530
Email: ahlinfo@uoguelph.ca
AHL Website: <http://ahl.uoguelph.ca>

AHL KEMPTVILLE: 613-258-8320, Fax: 613-258-8324
Email: ahlkempt@uoguelph.ca



Owner Unique ID _____

Farm/Barn _____

Vial #	Animal ID				Vial #	Animal ID			
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