



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: ☐ Dairy ☐ Meat ☐ 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*****		BactBacterial counts – colostrum/milk	
Mastitis testing		☐ Bacterial total aerobic count, bedding tab	
☐ Culture only mast		☐ Bacterial total coliform count, bedding tcb	
☐ Culture and antimicrobial susceptibility testing mast		☐ Bacterial total aerobic and coliform count, bedding tacb	
☐ Bulk tank - culture only bulkc		☐ Mastitis, environmental culture, single pathogen: macule1	
☐ Somatic cell counts – fresh milk only scc		indicate pathogen _____	
☐ Beta – lactamase testing – on <i>Staphylococcus aureus</i> isolates		☐ Mastitis, environmental culture (all aerobic mastitis pathogens) macule	
Mycoplasma/Molecular		Bacterial counts – colostrum/milk	
☐ <i>Mycoplasma</i> sp. culture, individual milk mcuim		☐ Bacterial total aerobic count, colostrum/milk tam	
☐ <i>Mycoplasma</i> sp. culture, bulk tank milk mcuib		☐ Bacterial total coliform count, colostrum/milk tcm	
☐ <i>Mycoplasma bovis</i> - PCR mbpcr		☐ Bacterial total aerobic and coliform count, colostrum/milk tacm	
		95 Stone - BactoScan	
		☐ BactoScan BSNG (goats) BSN (cows)	

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

Sent	#SPECIMENS	Received
_____ Milk	_____	_____
_____ Bulk tank	_____	_____
_____ Bedding	_____	_____
_____ Water	_____	_____
_____ Other	_____	_____
Received by: ☐ Courier ☐ Drop-off		Initial _____



Owner Unique ID

Farm/Barn

[illegible]

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