



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.

Clinic No.	Owner unique ID (max. 40 characters)
Clinic	
Address Postal code	Address
City Phone	Premises ID Farm postal code
Veterinarian Fax	Phone Email
Email	Farm Fax

DEMOGRAPHIC INFORMATION IMPORTANT**

Commodity (check). <input type="checkbox"/> Meat <input type="checkbox"/> Dairy <input type="checkbox"/> Other Herd size _____ No. at risk _____ No. sick _____ No. dead _____ Weight _____ kg Duration of problem _____ days _____ weeks _____ months _____ years	Species _____ Breed _____ Age ____ d ____ w ____ m ____ y Sex F M <input type="checkbox"/> Rabies suspect? <input type="checkbox"/> Insurance claim? <input type="checkbox"/> Possible litigation? <input type="checkbox"/> Resubmission? Previous case # _____	Case type: <input type="checkbox"/> Diagnostic <input type="checkbox"/> Research <input type="checkbox"/> Monitoring <input type="checkbox"/> Other	History (treatments, vaccinations, management, including all current drug therapy) Other testing requests and/or special instructions <input type="checkbox"/> STAT (Additional charges apply)
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CLINICAL PATHOLOGY Biochemistry <input type="checkbox"/> Bovine profile <i>bprf</i> <input type="checkbox"/> Bovine metabolic profile (minimum 5 specimens) <i>bmprf</i> <input type="checkbox"/> Caprine profile <i>gprf</i> <input type="checkbox"/> Ovine profile <i>opr</i> <input type="checkbox"/> Beta-hydroxybutyrate <i>bhba</i> <input type="checkbox"/> Haptoglobin <i>hp</i> <input type="checkbox"/> Non-esterified fatty acids <i>nefa</i> Hematology <input type="checkbox"/> CBC (incl. Diff & TS) <i>cbcf</i> <input type="checkbox"/> CBC, no differential <i>ndcbc</i> <input type="checkbox"/> CBC, with machine diff. <i>adcbc</i> <input type="checkbox"/> Iron + TIBC <i>fetib</i> Urinalysis <input type="checkbox"/> Routine urinalysis <i>urin</i> Coagulation <input type="checkbox"/> Fibrinogen <i>fib</i> <input type="checkbox"/> Coagulation profile 3 (PT, PTT, coag3) <i>coag3</i> VIROLOGY <input type="checkbox"/> BTV - ELISA <i>btveli</i> <input type="checkbox"/> BTV/EHDV - PCR <i>btvehdv</i> <input type="checkbox"/> Bovine adenovirus 3 - VN <i>bav3</i> <input type="checkbox"/> Bovine astrovirus - PCR <i>boastpc</i> <input type="checkbox"/> Bovine coronavirus - VN <i>bcv</i> <input type="checkbox"/> Bovine leukemia virus - ELISA <i>blvb</i> <input type="checkbox"/> Bovine PI3 virus - VN <i>pi3</i> <input type="checkbox"/> Bov. respiratory syncytial virus-VN <i>brs</i> <input type="checkbox"/> BVDV (type 1a Singer) - VN <i>bvds</i>	<input type="checkbox"/> BVDV (type 1a NADL) - VN <i>bvdn</i> <input type="checkbox"/> BVDV (type 2, NVSL 125) - VN <i>bvd2</i> <input type="checkbox"/> BVDV - PCR <i>bvdrt</i> <input type="checkbox"/> BVDV/BAAdV/BCoV - PCR <i>bvdadco</i> <input type="checkbox"/> CAEV - antibody ELISA <i>caeve</i> <input type="checkbox"/> IBRV - VN <i>ibr</i> <input type="checkbox"/> IBRV/BoHV -1 - Ab ELISA <i>ibre</i> <input type="checkbox"/> IBRV/BoHV-1 rt RT - PCR <i>ibrtrt</i> <input type="checkbox"/> Maedi-visna virus-Ab ELISA <i>mvveh</i> <input type="checkbox"/> Malignant catarrhal fever (MCF) <i>mcfcpr</i> <input type="checkbox"/> ORF-BPSV PCR <i>orbps</i> <input type="checkbox"/> Rotavirus/coronavirus PCR <i>rocopcr</i> <input type="checkbox"/> Scrapie - ELISA <i>scrpe</i> <input type="checkbox"/> Scrapie - genotyping (caprine) <i>prpgoat</i> <input type="checkbox"/> Scrapie - genotyping (ovine) <i>prp</i> Panels <input type="checkbox"/> Bovine abortion panel - PCR <i>boabopc</i> (BoHV-1/IBR, Leptospira, Neospora caninum) <input type="checkbox"/> Bov. comprehensive. resp. panel <i>brsppnl</i> (BVDV, BAAdV, BCoV, BoHV-1/IBR, BPIV-3, BRSV, M. bovis - PCR, bacterial culture) <input type="checkbox"/> Bov. respiratory panel - PCR <i>brvp3</i> (BoHV-1/IBR, BPIV-3, BRSV) <input type="checkbox"/> Bovine neonatal enteric panel <i>bentpnl</i> (BCoV, Rota A/B - PCR, sucrose wet mount, bacterial culture) <input type="checkbox"/> Bov. respiratory panel, serology <i>respb</i> (<i>bav3 bcv brs bvdn bvd2 ibr pi3</i>) MYCOPLASMOLOGY/MOLECULAR <input type="checkbox"/> Anaplasma - PCR <i>anapcr</i>	<input type="checkbox"/> Anaplasma Ab - ELISA <i>anape</i> <input type="checkbox"/> Chlamydia abortus/Coxiella burnetii -PCR <i>cacbpcr</i> <input type="checkbox"/> Chlamydia abortus - PCR <i>cpapcr</i> <input type="checkbox"/> Coxiella burnetii - PCR <i>mcpcr</i> <input type="checkbox"/> Cryptosporidium spp. - PCR <i>crypt</i> <input type="checkbox"/> Mycoplasma culture <i>mcult</i> <input type="checkbox"/> Mycoplasma bovis - PCR <i>mbpcr</i> <input type="checkbox"/> Toxoplasma gondii - PCR <i>toxopcr</i> BACTERIOLOGY Site: _____ <input type="checkbox"/> Culture and susceptibility <i>cultf</i> <input type="checkbox"/> Aerobic & anaerobic culture <i>ancultf</i> <input type="checkbox"/> Anaerobic culture <i>ancuf</i> <input type="checkbox"/> Abortion culture <i>bcabo</i> <input type="checkbox"/> Abortion culture with Campylobacter <i>bcabc</i> <input type="checkbox"/> C. difficile - culture <i>cdiff</i> <input type="checkbox"/> C. perfringens - typing - PCR <i>cperf</i> <input type="checkbox"/> Clostridia - FA <i>facf</i> <input type="checkbox"/> Listeria culture <i>lmin</i> <input type="checkbox"/> C. difficile toxins - ELISA <i>clodf</i> <input type="checkbox"/> Coxiella burnetii (Q fever) - ELISA <i>qfeia</i> <input type="checkbox"/> E. coli ETEC (enterotoxigenic)-PCR <i>ecolf</i> <input type="checkbox"/> E. coli VTEC (verotoxigenic)-PCR <i>vtecf</i> <input type="checkbox"/> Leptospirosis profile - MAT <i>leptmatf</i> <input type="checkbox"/> Leptospira spp - PCR <i>leptpcr</i> <input type="checkbox"/> M paratuberculosis-ELISA (bovine/ovine) <i>john</i>	<input type="checkbox"/> M paratuberculosis-ELISA (goat) <i>xjohe</i> <input type="checkbox"/> M. paratuberculosis - PCR <i>jpcr</i> <input type="checkbox"/> Mycology-fungal culture <i>myc</i> <input type="checkbox"/> Salmonella Dublin - ELISA <i>salmdel</i> <input type="checkbox"/> Salmonella Dublin - PCR <i>sdpcr</i> <input type="checkbox"/> Whole Genome Sequencing <i>wgs bac</i> PARASITOLOGY <input type="checkbox"/> Fecal flotation <i>fflot</i> <input type="checkbox"/> Fecal egg count <i>fecrm</i> McMaster <input type="checkbox"/> Neospora caninum ELISA <i>neo</i> <input type="checkbox"/> Sucrose wet mount (Crypto.) <i>sucwt</i> TOXICOLOGY <input type="checkbox"/> Lead, blood <i>tpbb</i> <input type="checkbox"/> Mineral panel, heavy metals <i>hmssc</i> (Sb As Be B Cd Co Cr Cu Fe Pb Hg Mg Mn Mo Ni Se Sn Tl Zn) <input type="checkbox"/> Mineral panel, trace element <i>icpse</i> (Co Cu Fe Mo Mn Se Zn) <input type="checkbox"/> Selenium, serum <i>tsems</i> <input type="checkbox"/> Vitamin E, serum <i>vite</i> HISTOPATHOLOGY <input type="checkbox"/> Histopathology <i>hist</i> OTHER TESTS _____ _____ _____	# SPECIMENS Sent Received Whole blood _____ Serum _____ EDTA _____ Urine _____ Feces _____ Fresh tissue _____ Fixed tissue _____ Fluid _____ Scrapings _____ Swab _____ Other _____ List: _____ _____ _____ Animal ID ● _____ ● _____ ● _____ For additional animals use back page or send Excel spreadsheet to: specroom@uoguelph.ca
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Email: ahlinfo@uoguelph.ca Website: http://ahl.uoguelph.ca AHL GUELPH: 519-824-4120 ext: 54530, Fax: 519-827-0961 AHL KEMPTVILLE: 613-258-8320, Fax: 613-258-8324	AHL - Guelph Courier Address UoG Animal Health Lab-PAHL 419 Gordon Street-Bldg 89 Guelph, ON N1G 2W1	AHL-Kemptville Courier Laboratory Services Division 79 Shearer Street Kemptville, Ontario K0G 1J0	RECEIVED BY: _____ Courier <input type="checkbox"/> Mail <input type="checkbox"/> Drop-off <input type="checkbox"/> Other <input type="checkbox"/>	Initial _____
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