



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").

Form with fields for Clinic no., Clinic, Address, City, Veterinarian, Email, Postal code, Phone, Farm, Barn postal code, and Barn/pen/floor/batch ID.

*DEMOGRAPHIC INFORMATION IMPORTANT*** History (treatments, vaccinations, management, including all current drug therapy) Special Instructions NOT to be used for OSHIP or PM submissions

VIROLOGY: Influenza A, PEDV/TGEV/PDCoV, PRRSV, Porcine circovirus, etc.

MYCOPLASMOLOGY: Haemoplasma, M. hyo., etc. PARASITOLOGY: Fecal flotation, Sucrose wet mount

TOXICOLOGY: Mineral panel, Selenium, etc. CLINICAL PATHOLOGY: CBC, Biochemistry profile, etc. HISTOPATHOLOGY: Histopathology, IHC, etc. EXTERNAL LABS: Actinobacillus pleuropneumoniae, etc. OTHER TESTS REQUESTED

Animal ID: # SPECIMENS Sent Received Whole blood, Serum, EDTA, Urine, Feces, Fresh tissue, Fixed tissue, Fluid, Scrapings, Slide, Swab, Other

Any Questions? Please contact the lab. AHL - Guelph Courier Address Animal Health Laboratory 79 Shearer Street Kemptville, Ontario K0G 1J0 RECEIVED BY: Initial Courier Drop-off Mail Other



Comments/History (Continued)

ID#	Identification	ID #	Identification