



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.

|                         |                                      |             |                  |
|-------------------------|--------------------------------------|-------------|------------------|
| Clinic no.              | Owner unique ID (max. 40 characters) |             |                  |
| Clinic                  |                                      |             |                  |
| Address                 | Postal code                          | Address     |                  |
| City                    | Phone                                | Premises ID | Barn postal code |
| Veterinarian            | Fax                                  | Phone       | Email            |
| Email                   |                                      | Farm        | Fax              |
| Barn/pen/floor/batch ID |                                      |             |                  |

| *DEMOGRAPHIC INFORMATION IMPORTANT***                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                  | History (treatments, vaccinations, management, including all current drug therapy)                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Species: PORCINE</b> Breed _____<br>Age <input type="checkbox"/> d <input type="checkbox"/> w <input type="checkbox"/> m <input type="checkbox"/> y<br>Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> barrow<br><b>Herd size/sows</b> _____<br>Nursery/weaner _____<br>Finisher _____<br>Boars _____<br>Other _____<br>No at risk _____<br>No sick _____<br>No dead _____<br>Weight _____ kg<br>Duration of problem _____ | <b>Case type</b><br><input type="checkbox"/> Diagnostic <input type="checkbox"/> Monitoring<br><input type="checkbox"/> Research <input type="checkbox"/> Other<br><br><input type="checkbox"/> Rabies suspect?<br><input type="checkbox"/> Insurance claim?<br><input type="checkbox"/> Possible litigation?<br><input type="checkbox"/> Resubmission?<br>Previous case # _____ |                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Pool Samples _____ : 1<br><input type="checkbox"/> Request genotyping/sequencing<br>Special Instructions _____<br><input type="checkbox"/> STAT (additional charges apply) |

| <b>VIROLOGY</b><br><input type="checkbox"/> Influenza A, matrix - PCR <i>inflpcr</i><br><input type="checkbox"/> Influenza A - PCR typing H1N1/H3N2 <i>infltyp</i><br><input type="checkbox"/> Influenza A - H gene sequencing <i>inflseq</i><br><input type="checkbox"/> Influenza A - ELISA <i>aifem</i><br><input type="checkbox"/> Influenza A - HI H1N1 <i>h1n1hi</i><br><input type="checkbox"/> Influenza A - HI H3N2 <i>h3n2hi</i><br><input type="checkbox"/> PEDV/TGEV/PDCoV - PCR <i>pcovpcr</i><br><input type="checkbox"/> PEDV sequencing <i>pedvse</i><br><input type="checkbox"/> PRRSV - PCR <i>prtxn</i><br><input type="checkbox"/> PRRSV Ab ELISA, oral fluids <i>prx3of</i><br><input type="checkbox"/> PRRSV Ab ELISA, serum <i>prx3</i><br><input type="checkbox"/> PRRSV, NorthAm strain - IgG/IgM indirect FA <i>prifgm</i><br><input type="checkbox"/> PRRSV - ORF5 gene sequencing - PCR <i>prsse</i><br><input type="checkbox"/> Porcine circovirus 1,2,3 - PCR <i>pcv123</i><br><input type="checkbox"/> Porcine circovirus type 2-sequencing <i>pc2se</i><br><input type="checkbox"/> Porcine circovirus type 3-sequencing <i>pc3seq</i><br><input type="checkbox"/> Porcine HEV - PCR <i>hevt</i><br><input type="checkbox"/> Porcine parvovirus - PCR <i>ppvrt</i><br><input type="checkbox"/> Porcine respir. corona (PRCV) PCR <i>prcvpcr</i><br><input type="checkbox"/> Porcine sapovirus - PCR <i>psapopc</i><br><input type="checkbox"/> Rotavirus group A, B, C - PCR <i>rotapcr</i><br><input type="checkbox"/> Rotavirus, group A - Sequencing <i>rotaAse</i><br><input type="checkbox"/> Rotavirus, group B - Sequencing <i>rotaBse</i><br><input type="checkbox"/> Rotavirus, group C - Sequencing <i>rotaCse</i> | <input type="checkbox"/> Seneca Valley virus - PCR <i>svvpcr</i><br><input type="checkbox"/> Swine cytomegalovirus - PCR <i>scmvrt</i><br><input type="checkbox"/> TGEV/PRCV Ab ELISA <i>pcve2</i><br><b>BACTERIOLOGY</b><br>Site:<br><input type="checkbox"/> Culture and susceptibility <i>cults</i><br><input type="checkbox"/> Aerobic & anaerobic culture <i>ancultf</i><br><input type="checkbox"/> Bacterial culture, fecal <i>cultse</i><br><input type="checkbox"/> MIC, porcine, aerobes <i>micbp</i><br><input type="checkbox"/> Culture, abortion case <i>bcabo</i><br><input type="checkbox"/> Brachyspira pilosicoli - PCR <i>bppcr</i><br><input type="checkbox"/> B. hyodysenteriae - PCR <i>bhpcr</i><br><input type="checkbox"/> Brachyspira - PCR profile <i>brpcr</i><br><input type="checkbox"/> C. difficile toxins - ELISA <i>clodf</i><br><input type="checkbox"/> C. difficile - culture <i>cdiff</i><br><input type="checkbox"/> C. perfringens - toxin typing (PCR) <i>cperf</i><br><input type="checkbox"/> E.coli ETEC (enterotoxigenic)(PCR) <i>ecolf</i><br><input type="checkbox"/> Enteric panel (culture & ETEC PCR) <i>pentpa1</i><br><input type="checkbox"/> Lawsonia intracellularis - PCR <i>lapcr</i><br><input type="checkbox"/> Leptospira - MAT, serum <i>leptmatf</i><br><input type="checkbox"/> Leptospira spp - PCR <i>leptpcr</i><br><input type="checkbox"/> Leptospira - MAT, fetal fluid <i>lepff</i><br><input type="checkbox"/> Pasteurella multocida, toxin - PCR <i>pmtpcr</i> | <b>MYCOPLASMOLOGY</b><br><input type="checkbox"/> Glaesserella parasuis PCR <i>haprt</i><br><input type="checkbox"/> Haemoplasma - PCR <i>hapcr2</i><br><input type="checkbox"/> M. hyo. Ab ELISA <i>mhyoeli</i><br><input type="checkbox"/> M. hyopneumoniae - PCR <i>mhpccr</i><br><input type="checkbox"/> M. hyorhinis - PCR <i>hrhpcr</i><br><input type="checkbox"/> M. hyosynoviae - PCR <i>hsypcr</i><br><input type="checkbox"/> Mycoplasma culture <i>mcultf</i><br><b>PARASITOLOGY</b><br><input type="checkbox"/> Fecal flotation <i>fflot</i><br><input type="checkbox"/> Sucrose wet mount <i>sucwt</i><br><b>TOXICOLOGY</b><br><input type="checkbox"/> Mineral panel, salt screen (Ca Mg Na K P S) <i>salsc</i><br><input type="checkbox"/> Selenium, serum <i>tsems</i><br><b>CLINICAL PATHOLOGY</b><br><input type="checkbox"/> CBC, food animal <i>cbcf</i><br><input type="checkbox"/> Biochemistry profile, porcine <i>pprf</i><br><b>HISTOPATHOLOGY</b><br><input type="checkbox"/> Histopathology <i>hist</i><br><input type="checkbox"/> IHC - PRRSV <i>prvri</i><br><input type="checkbox"/> IHC - Influenza A <i>iavif</i><br><input type="checkbox"/> IHC - PCV-2 <i>cir2i</i><br><input type="checkbox"/> IHC - resp. panel <i>ihcpr</i><br><input type="checkbox"/> IHC - TGEV <i>tgeh</i><br><input type="checkbox"/> IHC - setup charge <i>ihcsu</i> | <b>EXTERNAL LABS (+ shipping &amp; handling)</b><br><input type="checkbox"/> Atypical Pestivirus - PCR <i>xatypes</i><br><input type="checkbox"/> APP serotyping <i>xapp</i><br>Serotypes: _____<br><input type="checkbox"/> Astrovirus type 3 PCR <i>xastro</i><br><input type="checkbox"/> Astrovirus type 4 PCR <i>xastro4</i><br><input type="checkbox"/> PCV-2 -IFA <i>xpcvifa</i><br><input type="checkbox"/> Porcine Parainfluenza Virus type 1 PCR <i>xppiv</i><br><input type="checkbox"/> Sapelovirus PCR <i>xsapelo</i><br><input type="checkbox"/> Teschovirus PCR <i>xtescho</i><br><b>OTHER TESTS REQUESTED</b><br>(See Fee schedule for complete listing)<br>Please use back of form if more than 20 samples are submitted or (preferred) send an excel spreadsheet to <a href="mailto:specroom@uoguelph.ca">specroom@uoguelph.ca</a> (Animal ID in 1 column).<br>Animal ID: _____<br>• _____<br>• _____<br>• _____<br>• _____ | <b># SPECIMENS</b><br><table border="1"> <thead> <tr> <th>Sent</th> <th>Received</th> </tr> </thead> <tbody> <tr><td>_____</td><td>Blood serum _____</td></tr> <tr><td>_____</td><td>Serum _____</td></tr> <tr><td>_____</td><td>EDTA _____</td></tr> <tr><td>_____</td><td>Urine _____</td></tr> <tr><td>_____</td><td>Feces _____</td></tr> <tr><td>_____</td><td>Fresh tissue _____</td></tr> <tr><td>_____</td><td>Fixed tissue _____</td></tr> <tr><td>_____</td><td>Fluid _____</td></tr> <tr><td>_____</td><td>Scrapings _____</td></tr> <tr><td>_____</td><td>Slide _____</td></tr> <tr><td>_____</td><td>Swab _____</td></tr> <tr><td>_____</td><td>VTM Swab _____</td></tr> <tr><td>_____</td><td>Other _____</td></tr> </tbody> </table> List: _____<br>_____<br>_____<br>_____ | Sent | Received | _____ | Blood serum _____ | _____ | Serum _____ | _____ | EDTA _____ | _____ | Urine _____ | _____ | Feces _____ | _____ | Fresh tissue _____ | _____ | Fixed tissue _____ | _____ | Fluid _____ | _____ | Scrapings _____ | _____ | Slide _____ | _____ | Swab _____ | _____ | VTM Swab _____ | _____ | Other _____ |
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AHL Website: <http://ahl.uoguelph.ca>  
 AHL GUELPH: 519-824-4120 ext: 54530, Fax: 519-821-8072  
 Email: [ahlinfo@uoguelph.ca](mailto:ahlinfo@uoguelph.ca)  
 AHL KEMPTVILLE: 613-258-8320, Fax: 613-258-8324  
 Email: [ahlkempt@uoguelph.ca](mailto: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**  
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