

SAMPLES TAKEN: Date: ____/____/____/(yyyy/mm/dd) Time of day: _____ Date sent ____/____/____/(yyyy/mm/dd)

SUBMITTED BY: Veterinarian Owner Agent

BILL: Veterinarian Agent Project

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.

AHL CLONALITY SUBMISSION FORM

Clinic _____

Address _____

Phone _____

Veterinarian _____

Email _____

Owner Name: _____

Block ID: _____

Animal ID _____

Species: _____ Breed: _____ Age: _____ (circle one) day/ week / month / year Sex: (circle one) M F M/N

****PLEASE INCLUDE PATHOLOGY REPORT, DIAGNOSTIC TEST RESULTS & PERTINENT CLINICAL HISTORY****

CLONALITY:	Test	Comment	Test code
<input type="checkbox"/>	Clonality testing	<input type="checkbox"/> B cell } (only check <u>ONE</u> box) OR <input type="checkbox"/> T cell	<i>xclnk1</i>
<input type="checkbox"/>	Clonality testing	<input type="checkbox"/> B AND T cell	<i>xclnk2</i>
<input type="checkbox"/>	Handling	Base charge for <u>all</u> submissions	<i>xhand</i>
<input type="checkbox"/>	Scroll cutting	Histo samples (blocks) only	<i>hclone</i>
<input type="checkbox"/>	IHC	Histo samples (blocks) 2 markers (CD3 and Pax-5 unless instructed otherwise)	<i>iclone</i>

Additional Information

SPECIMENS

Sent Received

____ Paraffin block ____

____ Slide ____

Any questions? Please contact the lab.

Email: ahinfo@uoguelph.ca
Website: <http://ahl.uoguelph.ca>
AHL GUELPH: 519-824-4120 ext: 54530, Fax: 519-519 827-0961
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
Attn: Specimen Reception

VIA: Courier
 Mail
 Drop-off
 Other

RECEIVED BY
