

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.

Clinic No. AHL USE TEMPLATE: OAHNINTRO-001	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
Project OAHN Bovine - Disease testing for newly introduced cattle	Barn/pen/floor/batch ID	

<p>AHL Additional Reporting Cynthia Miltenburg-cynthia.miltenburg@ontario.ca Jessica Gordon-jgordo04@uoguelph.ca Jim Fairles-jfairles@uoguelph.ca</p>	<p>Commodity (check). <input type="checkbox"/> Meat <input type="checkbox"/> Dairy Herd size: _____</p>	<p>Premises ID _____</p>
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Please fill out the below information completely for testing to be billed to the OAHN Bovine project.

- Have other cattle been purchased in the herd in the 5 years preceding this purchase?
 Yes No
- Has disease testing been conducted on previously purchased animals?
 No Yes- if so, what tests?
 BLV BVD Johnes Salmonella Dublin Other _____

AHL STAFF: Any EDTA blood submitted is to be held in 4 degree fridge for possible follow up testing (anapcr)

<p>Test Request: <input checked="" type="checkbox"/> M paratuberculosis ELISA <i>john</i> <input checked="" type="checkbox"/> S. Dublin Ab ELISA <i>salmdel</i> <input checked="" type="checkbox"/> BLV ELISA <i>blvb</i> <input checked="" type="checkbox"/> Anaplasma ab cELISA <i>anape</i></p>	<p># SPECIMENS</p>
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****Positive S Dublin and Anaplasma ELISA results are immediately notifiable and will be reported to OMAFRA and/or CFIA****

Cattle ID Number	Date of purchase	Age	Place of origin (please indicate if sales barn or direct sale, including, town, province, country)	Sent Serum	Received Serum
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

EDTA blood

Other:

VIA:

Courier
 Drop-off
 Mail
 Other

RECEIVED BY:

<p>Any Question? Please contact the lab. Email: ahlinfo@uoguelph.ca Website: http://ahl.uoguelph.ca AHL GUELPH: 519-824-4120 ext: 54530, Fax: 519-821-8072 AHL KEMPTVILLE: 613-258-8320, Fax: 613-258-8324</p>	<p>AHL - Guelph Courier Address UoG Animal Health Lab-PAHL 419 Gordon Street-Bldg 89 Guelph, ON N1G 2W1 Attn: Specimen Reception</p>	<p>Animal Health Laboratory Laboratory Services Division Univ of Guelph/Kemptville Campus 79 Shearer Street Kemptville, Ontario K0G 1J0</p>
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