



Lab use only

SAMPLES TAKEN Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (yyyy/mm/dd) Time of day \_\_\_\_:\_\_\_\_ Date sent \_\_\_\_/\_\_\_\_/\_\_\_\_ (yyyy/mm/dd)  
 SUBMITTED BY  Veterinarian  Owner  Agent BILL  Veterinarian  Agent

**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. <b>AHL USE TEMPLATE: OHSFP-001</b>	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 Flock ID

<input type="checkbox"/> Turkey <input type="checkbox"/> Chicken Other _____	Age ____ weeks ____ Sex (check) <input type="checkbox"/> M <input type="checkbox"/> F Breed _____	<b>Check applicable commodity</b> <input type="checkbox"/> Broiler <input type="checkbox"/> Breeder <input type="checkbox"/> Broiler/Breeder <input type="checkbox"/> Layer <input type="checkbox"/> Layer/Breeder <input type="checkbox"/> Meat <input type="checkbox"/> Exhibition Other _____	Number of birds # _____ in flock # _____ tested	Band Numbers
--	---	---	---	--------------

Reason for Testing: check all that apply <input type="checkbox"/> EU Export <input type="checkbox"/> OHSFP <input type="checkbox"/> Project <input type="checkbox"/> Other _____ <input type="checkbox"/> Export Date _____	<input type="checkbox"/> P.T.-tube <i>salmp</i> <input type="checkbox"/> MGMS,turkey <i>mgmst</i> <input type="checkbox"/> MGMS,chicken <i>mgmsc</i> <input type="checkbox"/> M.G.-H.I. <i>mgh</i> <input type="checkbox"/> M.S.-H.I. <i>msh</i> <input type="checkbox"/> MME <i>mme</i> <input type="checkbox"/> M.M.-H.I. <i>mmh</i>	<input type="checkbox"/> CAV-ELISA <i>cav1</i> <input type="checkbox"/> NDV-ELISA,turkey <i>ndvt</i> <input type="checkbox"/> NDV-ELISA,chicken <i>ndvc</i> <input type="checkbox"/> PMV3-HI <i>pm3</i> <input type="checkbox"/> IBV - ELISA <i>ibv</i> <input type="checkbox"/> IBDV - ELISA <i>ibdxr</i> <input type="checkbox"/> REO - ELISA <i>reove</i>	<input type="checkbox"/> AEV - ELISA <i>aev</i> <input type="checkbox"/> AIV - AGID <i>aif</i> <input type="checkbox"/> Other _____ <input type="checkbox"/> Count <i>hatch &amp; hsfe</i> <input type="checkbox"/> Culture <i>hsfe</i> <input type="checkbox"/> Export surveillance <i>pull</i> <input type="checkbox"/> Suspicious reactor/ excess mortality <i>hsfem</i>
--	--	--	---

Type of specimen	Boots	Fluff	Blood	Env. Swab OHSFP	Env. Swab EU	Egg Shell	Meconium	Susp. Reactor	Other

Specimens (Continue on AHL worksheet)

Your Lab #	Identification or Machine	Your Lab #	Identification or Machine

Comments/History (Continue on AHL worksheet)

FOR LABORATORY USE ONLY

Inspector \_\_\_\_\_ Hours \_\_\_\_\_ Received Via  Courier  Drop-off  Mail  Other Initials \_\_\_\_\_

Any questions? Please contact the lab.

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  
 Attn: Specimen Reception

Animal Health Laboratory

Laboratory Services Division  
 79 Shearer Street  
 Kemptonville, Ontario K0G 1J0

