



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. 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.

AHL USE TEMPLATE: OHSFP-001				Owner Unique ID (max. 40 characters)	
Clinic Name/No.					
Address				Address	
				Premises ID Barn Postal Code	
Phone				Phone Email	
Veterinarian				Farm	
Email				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 _____		Check applicable commodity <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	
CFIA Permit # _____					
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. <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"/> FAdV08/ <i>mmt811</i> FAdV11 MNT		<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 & hsfepcr</i> <input type="checkbox"/> Culture/PCR <i>hsfepcr</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: ahinfo@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
 Kemptville, Ontario K0G 1J0

