**POSTMORTEM SUBMISSION FORM**

**SAMPLERS TAKEN**
Date: ______/____/____ (yyyy/mm/dd) Time of day: ______
Date sent: ______/____/____ (yyyy/mm/dd)

**SUBMITTED BY**
- Veterinarian
- Owner
- Other

**BILL**
- Veterinarian
- Other

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**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.**
**Owner Unique ID (max. 40 characters)**

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<th>Clinic</th>
<th>Address</th>
<th>Postal Code</th>
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<tr>
<th>City</th>
<th>Phone</th>
<th>Premises ID</th>
<th>Barn Postal Code</th>
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<tr>
<th>Veterinarian</th>
<th>Fax</th>
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<th>Project</th>
<th>Barn/Pen/Floor/Batch ID</th>
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**Herd Name**

**Commodity (check):**
- Ruminant
- Swine
- Chicken
- Turkey

**Species**

**Breed**

**Age**
- d (days)
- w (weeks)
- m (months)
- y (years)

**Sex**
- F (Female)
- M (Male)
- N (None)

**Weight**

**Duration of problem**
- days
- weeks
- months
- years

**Problem List** (e.g. diarrhea, pneumonia, etc.)

1. 3
2. 4

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**Clinical history** (include date of onset of problems)

**Rabies suspect**

**Insurance claim**

**Possible litigation**

**Disposal of the body following postmortem**
- Cremation through a crematorium (handling fee applies)
- Communal cremation through AHL (no additional fee)
- Custom instructions:

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**Any questions? Please contact the lab.**

**Email:** ahlinfo@uoguelph.ca

**Website:** http://ahl.uoguelph.ca

**AHL Guelph Courier Address**
Univ of Guelph
79 Shearer St
Kemptville, Ontario K0G 1J0

**AHL - Guelph Laboratory Services Division**
UoG Animal Health Lab-PAHL
419 Gordon Street-Bldg 89
Guelph, ON N1G 2W1
Attn: Specimen Reception

**AHL Kemptville**
613-827-0961

**AHL Guelph**
519-824-4120 ext: 54530

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Page 1 of 2
Pathologist (print)

Date/time postmortem began:  

Body weight  kg  g

Animal identification (CCIA #, tag, tattoo, markings, etc.)

External findings

Body condition  hydration  fat stores  muscle mass

Internal findings

Clinical problems answered at postmortem (list)

POSTMORTEM DIAGNOSIS  □ Tentative  □ Final  Time postmortem completed  
Telephoned  Date/time

Pathologist  DVM

| □ Photos taken | □ Radiology charge | □ CT scan charge |
| □ Legal case charge | □ Out of hours charge | □ Euthanasia charge |

TESTS REQUESTED

| Bacteriology | Mycoplasma/Molecular Biology | Virology | Hold |
| Parasitology | Clinical Pathology | Histology | Other/Send Outs |
| | | Toxicology | |

Photos taken  Radiology charge  CT scan charge  Legal case charge  Out of hours charge  Euthanasia charge