



POSTMORTEM SUBMISSION FORM

Lab use only

SAMPLES TAKEN Date: ___/___/___ (yyyy/mm/dd) Time of day ___:___ Date sent ___/___/___ (yyyy/mm/dd) SUBMITTED BY [] Veterinarian [] Owner [] Other BILL [] Veterinarian [] Other

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.

Form with fields: Clinic No., Clinic, Address, Postal Code, City, Phone, Veterinarian, Fax, Email, Project, Owner Unique ID, Premises ID, Barn Postal Code, Phone, Email, Farm, Fax, Barn/Pen/Floor/Batch ID

***IMPORTANT DEMOGRAPHIC INFORMATION ***

Demographic information section including Animal ID, Species, Breed, Age, Sex, Herd Size, No. at risk, No. sick, No. dead, Weight, Duration of problem, Commodity (check): Ruminant, Swine, Chicken, Turkey

Animals submitted #live: #dead: #fetus: [] Placenta [] Other specimens Date/time of death [] Died [] or Euthanized/method

Problem List (below) (e.g. diarrhea, pneumonia, etc.) Resubmission/Quote#: 1 3 2 4

Clinical history (include date of onset of problems) Check all that apply. Provide details in history. [] Chemotherapy administered [] Systemic/internal radiation [] Zoonotic disease suspect [] Rabies suspect [] Insurance claim [] Possible litigation ***Additional charges may apply*** Disposition of the body following postmortem [] Cremation through a crematorium (handling fee applies) [] Communal cremation through AHL (no additional fee) [] Specific instructions:

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 University of Guelph 79 Shearer Street Kemptville, Ontario K0G 1J0 [] Delivered out of hours Delivered by: [] Courier [] Owner [] Other: Initial: _____

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 _____

Check all that apply:

Enhanced PPE/biosecurity required

Respiratory protection

Biological safety cabinet

Restricted PM suite

Other _____

Pathologist _____ DVM

<input type="checkbox"/> Photos taken	<input type="checkbox"/> Radiology charge	<input type="checkbox"/> CT scan charge
<input type="checkbox"/> Legal case charge	<input type="checkbox"/> Out of hours charge	<input type="checkbox"/> Euthanasia charge

TESTS REQUESTED

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