



SAMPLES TAKEN: Date: ____/____/____/(yyyy/mm/dd) Time of day: _____ Date sent ____/____/____/(yyyy/mm/dd)

SUBMITTED BY: Veterinarian Owner Agent

BILL: Veterinarian Owner Project

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. **AHL USE TEMPLATE SCRAPIE-001**

Clinic _____

Address _____ Postal Code _____

County _____ Phone _____

Veterinarian _____ Fax _____

Email _____

Project _____

Owner Unique ID (max. 40 characters) _____

Municipality/CCS# _____ Farm Postal Code: _____

Species: _____ No. at risk _____

Breed: _____ Weight: _____ kg.

Age: _____ d / w / m / y (circle)

Sex: (circle one) M F M/N

AHL Additional Reporting to OWNER

Email: _____

Fax: _____

Billing Information:

****CLINIC OR OWNER ARE REQUIRED to pay for all testing and brain removal, Canadian Sheep Federation no longer covering cost of test(s)****

History: (treatments, vaccinations, management, including all current drug therapy)

Case type:

Monitoring

Test Requested:

Scrapie - ELISA *scrpe*

Testing to ADD IF:
For cases with head submitted:

Necropsy - Brain Removal *pmbr*

Animal ID's:

(See fee guide for current price: code pmbr)

SPECIMENS

Sent	Received
_____	_____
_____	Obex _____
_____	Other: _____
_____	List: _____

VIA:

Courier

Drop-off

Mail

Other

RECEIVED BY:
