



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

AHL Case # _____
 Resubmission/Quote# _____

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)
Clinic	
Address	Postal Code
County	Phone
Veterinarian	Fax
Email	
Project	

DEMOGRAPHIC INFORMATION IMPORTANT		History: (treatments, vaccinations, management, including all current drug therapy)
Case type: Diagnostic <input type="checkbox"/> Monitoring <input type="checkbox"/> Research <input type="checkbox"/> Other <input type="checkbox"/>	Species: _____ Breed: _____ Age: ____ d/ w/ m/ y Sex (circle): F M	Special Instructions:
Herd Size: _____ No. at risk _____ No. sick: _____ No. dead _____ Weight _____ kg	Animal ID: _____ ● _____ For additional animals please add extra page or send electronically, info@ahl.uoguelph.ca	
Duration of problem: ____ days ____ weeks ____ months ____ years	Commodity (circle): Meat Dairy Other: _____	
<input type="checkbox"/> STAT (Additional charges apply)		

<input type="checkbox"/> Rabies suspect? <input type="checkbox"/> Insurance claim? <input type="checkbox"/> Possible litigation? <input type="checkbox"/> Resubmission? Previous case # _____	CLINICAL PATHOLOGY Biochemistry <input type="checkbox"/> Bovine profile <i>bprf</i> <input type="checkbox"/> Bovine metabolic profile (5 or more) <i>bmprf</i> <input type="checkbox"/> Caprine profile <i>gprf</i> <input type="checkbox"/> Ovine profile <i>opr</i> <input type="checkbox"/> Beta-hydroxybutyrate <i>bhba</i> <input type="checkbox"/> Haptoglobin <i>hp</i> <input type="checkbox"/> Non-esterified fatty acids (NEFA) <i>nefa</i> Hematology <input type="checkbox"/> CBC (incl. Diff & TS) <i>cbcf</i> <input type="checkbox"/> CBC, no differential <i>ndcbc</i> <input type="checkbox"/> CBC, with machine differential <i>adcbc</i> <input type="checkbox"/> Iron + TIBC <i>felib</i> Urinalysis <input type="checkbox"/> Routine urinalysis <i>urin</i> VIROLOGY <input type="checkbox"/> Respiratory panel, serology <i>respb</i> (BAV3, BCV, BRSV, BVDV1, BVDV2, IBRV, PI3V) <input type="checkbox"/> Bovine adenovirus 3 - VN <i>bav3</i> <input type="checkbox"/> Bovine coronavirus - VN <i>bcv</i> <input type="checkbox"/> Bov. coronavirus - antigen ELISA <i>bce</i> <input type="checkbox"/> Bovine leukemia virus - ELISA <i>blvs</i>	<input type="checkbox"/> Bov. respiratory syncytial virus - VN <i>brs</i> <input type="checkbox"/> BRSV, FA <i>brsf</i> <input type="checkbox"/> BVDV (type 1a Singer) - VN <i>bvds</i> <input type="checkbox"/> BVDV (type 1a NADL) - VN <i>bvdn</i> <input type="checkbox"/> BVDV (type 1b, TGAC) - VN <i>bvdt</i> <input type="checkbox"/> BVDV (type 2, NVSL 125) - VN <i>bvd2</i> <input type="checkbox"/> BVDV - antigen ELISA <i>bvde</i> <input type="checkbox"/> BVDV herd screening-virus iso. <i>bvdh</i> <input type="checkbox"/> BVDV - real time - RT-PCR <i>bvdrt</i> <input type="checkbox"/> CAEV - antibody ELISA <i>caeve</i> <input type="checkbox"/> IBR virus-VN (BoHV-1) <i>ibr</i> <input type="checkbox"/> Bovine PI3 virus - VN <i>pi3</i> <input type="checkbox"/> Rotavirus type A - latex agg. <i>rla</i> <input type="checkbox"/> Scrapie - ELISA <i>scspe</i> <input type="checkbox"/> Scrapie - genotyping <i>prp</i> <input type="checkbox"/> Virus isolation <i>iso</i> MYCOPLASMOLOGY <input type="checkbox"/> <i>Mycoplasma bovis</i> - PHA <i>phab</i> <input type="checkbox"/> Mycoplasma - culture <i>mcult</i> BACTERIOLOGY <input type="checkbox"/> Anaerobic culture <i>ancuf</i> <input type="checkbox"/> Culture and susceptibility <i>cultf</i> <input type="checkbox"/> Culture, abortion case (bovine) <i>bcabo</i> <input type="checkbox"/> Culture, abortion case with <i>Campylobacter</i> (small rum.) <i>bcabc</i>	<input type="checkbox"/> <i>C. difficile</i> - culture <i>cdiff</i> <input type="checkbox"/> <i>C. perfringens</i> - toxotyping <i>cperf</i> <input type="checkbox"/> Clostridia - FA <i>facf</i> <input type="checkbox"/> <i>C. difficile</i> toxins - ELISA <i>clodf</i> <input type="checkbox"/> <i>E. coli</i> ETEC (enterotoxigenic) <i>ecolf</i> <input type="checkbox"/> <i>E. coli</i> VTEC (verotoxigenic) <i>ecopf</i> <input type="checkbox"/> Leptospirosis profile - MAT <i>leptmatf</i> <input type="checkbox"/> <i>M. paratuberculosis</i> - culture <i>culj</i> <input type="checkbox"/> <i>M. paratuberculosis</i> - ELISA <i>john</i> <input type="checkbox"/> <i>M. paratuberculosis</i> - PCR <i>jpcr</i> <input type="checkbox"/> MIC, bovine <i>micbp</i> <input type="checkbox"/> Mycology - fungal culture <i>myc</i> PARASITOLOGY <input type="checkbox"/> Fecal flotation <i>fflot</i> <input type="checkbox"/> <i>Neospora caninum</i> <i>neo</i> <input type="checkbox"/> Saline or sucrose wet mount <i>salwt</i> TOXICOLOGY (see reverse for further description) <input type="checkbox"/> Mineral panel, tissue/feed <i>hmisc</i> <input type="checkbox"/> Mineral panel, serum <i>icpse</i> <input type="checkbox"/> Selenium, blood/serum <i>tsefb</i> <input type="checkbox"/> Vitamin E <i>vite</i> HISTOPATHOLOGY <input type="checkbox"/> Histopathology <i>hist</i> <input type="checkbox"/> IHC, BVDV <i>bvdi</i>	<table border="1"> <thead> <tr> <th># SPECIMENS Sent</th> <th>Received</th> </tr> </thead> <tbody> <tr><td>Whole blood</td><td>_____</td></tr> <tr><td>Serum</td><td>_____</td></tr> <tr><td>EDTA</td><td>_____</td></tr> <tr><td>Urine</td><td>_____</td></tr> <tr><td>Feces</td><td>_____</td></tr> <tr><td>Fresh tissue</td><td>_____</td></tr> <tr><td>Fixed tissue</td><td>_____</td></tr> <tr><td>Fluid</td><td>_____</td></tr> <tr><td>Scrapings</td><td>_____</td></tr> <tr><td>Slide</td><td>_____</td></tr> <tr><td>Swab</td><td>_____</td></tr> <tr><td>Other</td><td>_____</td></tr> </tbody> </table> List: _____ VIA: <input type="checkbox"/> Courier <input type="checkbox"/> Drop-off <input type="checkbox"/> Mail <input type="checkbox"/> Other RECEIVED BY: _____	# SPECIMENS Sent	Received	Whole blood	_____	Serum	_____	EDTA	_____	Urine	_____	Feces	_____	Fresh tissue	_____	Fixed tissue	_____	Fluid	_____	Scrapings	_____	Slide	_____	Swab	_____	Other	_____
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Any questions? Please call the lab.

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