

Sample Submission

Animal Health Division

Animal Health Laboratory

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Pynn's Brook Mail/Courier: Western Ag. Centre, 1 TCH, Pynn's Brook, AOL 1K0
t 709.686.2672 f 709.686.5465

Submitter/veterinarian:			Return by (select one):	Lab Number	Print Form
			<input type="radio"/> Mail		
			<input type="radio"/> Fax		
			<input type="radio"/> Email		Reset Form
			Fee Schedule		
Species/product:			Date collected:		
Owner:			Special Requirements		
Animal name/ID:			Temp: <input type="radio"/> °C <input type="radio"/> °F Prev Sub#: Placement: Profile:		
Sex:		Age:	Birth date:		
Veterinary Microbiology Site: <input type="radio"/> Culture & sensitivity <input type="radio"/> Milk culture & sensitivity Non-Routine <input type="radio"/> Mycoplasma culture <input type="radio"/> Anaerobic culture <input type="radio"/> Campylobacter culture <input type="radio"/> Dermatophyte culture			Poultry Specific <input type="checkbox"/> ELISA <input type="radio"/> Routine <input type="radio"/> Specific <input type="radio"/> Direct fecal smear <input type="radio"/> Virus isolation <input type="radio"/> Histology <input type="radio"/> Salmonella surveillance Other: Regulatory Milk <input type="radio"/> Test all <input type="radio"/> Resample <input type="radio"/> Components <input type="radio"/> BactoScan/BacSomatic <input type="radio"/> Inhibitors <input type="radio"/> Added water <input type="radio"/> Somatic cells Non Regulatory Milk <input type="radio"/> Components <input type="radio"/> Somatic cells <input type="radio"/> Inhibitors <input type="radio"/> BactoScan/BacSomatic Meat & Environmental <input type="radio"/> Salmonella <input type="radio"/> E. coli <input type="radio"/> Inhibitors <input type="radio"/> Coliforms Rabies Surveillance <input type="radio"/> DRIT <input type="checkbox"/> Other Request (ask us!)		
			Attention:		
			History/comments:		
			Laboratory receiving (For Internal use only)		
			Sample description: Date/time: <input type="radio"/> See label		
			Received by: Temp:		
			Condition:		
			Sent to: <input type="radio"/> Lab <input type="radio"/> PM <input type="radio"/> D.Surv. <input type="radio"/> Sp. Proj. <input type="radio"/> Histo		
			SAR#	Submitter contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No	
			Issued by: Amanda Fitzpatrick Approved by: Dr. Beverly Dawe		Issued: January 07, 2025 Identification: AHL-F-43/17
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Signature:

Date: