

Submitter/veterinarian:			Return by (select one): <input type="radio"/> Mail <input type="radio"/> Fax <input type="radio"/> Email		Lab Number	Print Form
						Reset Form
Address:					Fee Schedule	
t:	f:	e:				
Species/product:			Date collected:			Special Requirements
Owner:					Temp:	<input type="radio"/> °C <input type="radio"/> °F
Animal name/ID:					Prev Sub#:	
Sex:			Age:		Birth date:	Placement:
						Profile:

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
Clinical Pathology
<input type="checkbox"/> Serum chemistry
<input type="radio"/> ALB <input type="radio"/> CREA <input type="radio"/> TBil <input type="radio"/> AST <input type="radio"/> GGT <input type="radio"/> TP <input type="radio"/> BUN <input type="radio"/> GLOB <input type="radio"/> Cl- <input type="radio"/> Ca <input type="radio"/> GLU <input type="radio"/> Na+ <input type="radio"/> Chol <input type="radio"/> Mg <input type="radio"/> K+ <input type="radio"/> Ck <input type="radio"/> Phos <input type="radio"/> Other
<input type="checkbox"/> Hematology (CBC & Diff)
Pathology
<input type="radio"/> Necropsy
<input type="checkbox"/> Routine <input type="checkbox"/> Insurance/legal
<input type="radio"/> Histology
<input type="checkbox"/> Biopsy <input type="checkbox"/> Single <input type="checkbox"/> Multiple
Parasitology
<input type="radio"/> Fecal float
<input type="radio"/> Baermann's
<input type="radio"/> Giardia SNAP
<input type="radio"/> Cryptosporidium

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	Page: 1 of 1

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By signing and submitting this form to the Animal Health Laboratory, the submitter agrees that AHL may subcontract services ordered by the Client if it is in the Client's best interest to do so. A simplified report may be used.

Signature:

Date: