

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

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

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| 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 |

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|---|
| 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 <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 |
| 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!) |

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|---|
| 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: August 5, 2005 Identification: AHL-F-43/16 Page: 1 of 1 |

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Signature: _____

Date: _____