

Companion Animal/Equine/Other Submission Form
 Animal Health Laboratory
 NS Department of Agriculture

Physical Address
 Hancock Building 65 River Rd.
 Bible Hill, NS B2N 2P3
 PH. (902) 893-6540 / Fax (902) 895-6684

Mailing Address
 P.O. Box 890, Truro, NS
 B2N 5G6

AHL LABORATORY ID

DATE RECEIVED

Date Sampled:

Date Submitted:

Sample Submitted by: Owner Veterinarian
 Other _____

Send Report to: Owner Veterinarian
 Other _____

How you would like to receive your report (check one) Email Fax Mail

Owner Information

Name: _____

Address: _____

Postal Code: _____

Phone: _____ **Fax:** _____

Email: _____

Veterinarian: _____

Veterinary Clinic: _____
Email: _____

Number of Specimens			Sample ID
No. Sent	Specimen Type	No. Received	
_____	Whole Carcass	_____	<input type="checkbox"/> _____
_____	Whole Blood	_____	<input type="checkbox"/> _____
_____	Serum	_____	<input type="checkbox"/> _____
_____	Urine	_____	<input type="checkbox"/> _____
_____	Feces	_____	<input type="checkbox"/> _____
_____	Fresh Tissue	_____	<input type="checkbox"/> _____
_____	Fixed Tissue	_____	<input type="checkbox"/> _____
_____	Fluid	_____	<input type="checkbox"/> _____
_____	Swab	_____	<input type="checkbox"/> _____
_____	Other: _____	_____	<input type="checkbox"/> _____
_____	Other: _____	_____	<input type="checkbox"/> _____
_____	Other: _____	_____	<input type="checkbox"/> _____

Animal Identification _____

Species _____

Breed _____

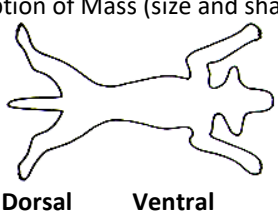
Sex Male Female Neutered/Spayed

Age ___ days weeks months years

History and Special requests (additional space on back) **Private Cremation**

(presenting illness, clinical signs, treatments, vaccinations etc.) **Euthanized Method** _____

Description of Mass (size and shape, rate of growth, invasive etc.)



Dorsal **Ventral**

Pathology

Necropsy

Histopathology

Bacteriology

Aerobic culture

Aerobic culture/sensitivity

Anaerobic culture

Virology

Serology

Parasitology/Other

Fecal Flotation

History and Special requests

Laboratory Use Only:

AHL Lab ID:	Verification of receipt in Lab
Specimen Type	No. Received in Lab
Whole Carcass	
Whole Blood	
Serum	
Urine	
Feces	
Fresh Tissue	
Fixed Tissue	
Fluid	
Swab	
Other:	
Other:	
Other:	

Received in lab by:	Date:
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