

NOVA SCOTIA DEPARTMENT OF AGRICULTURE	Form #: LSAD101F1.3
LABORATORY SERVICES	Page 1 of 2
TITLE: AHL Submission	

ANIMAL HEALTH LABORATORY
QUALITY EVALUATION SERVICES
DEPT. OF AGRICULTURE
65 RIVER ROAD, TRURO, NS B2N 5E3
PH. (902) 893-6540 / FAX (902) 895-6684

AHL Lab # _____
Date submitted _____
Date received _____

Submitted by: ☐ Owner ☐ Veterinarian Send More Forms ☐

Report to: ☐ Owner ☐ Veterinarian ☐ Other _____

<p>Owner _____</p> <p>Farm Name _____</p> <p>Address _____</p> <p style="text-align: right;">Postal Code: _____</p> <p>Telephone _____</p> <p>Fax # _____</p> <p>Email _____</p>	<p>Veterinarian _____</p> <p>Clinic _____</p> <p>Address _____</p> <p style="text-align: right;">Postal Code: _____</p> <p>Telephone _____</p> <p>Fax # _____</p> <p>Email _____</p>
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<p>Specimen _____</p> <p>Species _____ Breed _____</p> <p>Age _____ Sex _____</p> <p>Other _____</p>	<p>No. in herd (flock) Mature _____ Immature _____</p> <p># sick _____ # dead _____ <input type="checkbox"/> home raised <input type="checkbox"/> purchased</p> <p>Vaccination _____ Ration _____</p> <p>Dates deaths began _____</p>
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LABORATORY TESTS REQUESTED:


<input type="checkbox"/> Necropsy _____ <input type="checkbox"/> Cremation _____ <input type="checkbox"/> Histopathology _____ <input type="checkbox"/> Avian Environmental - Fluff/Litter _____ <input type="checkbox"/> Avian Environmental - Peptones _____ <input type="checkbox"/> Feed for Salmonella Screening _____ <input type="checkbox"/> Microbiology - Culture _____ <input type="checkbox"/> Microbiology - Culture & Sensitivity _____	<input type="checkbox"/> Mastitis Culture _____ <input type="checkbox"/> Parasitology - Routine _____ <input type="checkbox"/> Parasitology - Crypto FA _____ <input type="checkbox"/> Parasitology - Crypto/Giardia FA _____ <input type="checkbox"/> Toxicology (specify) _____ <input type="checkbox"/> Serology (specify) _____ <input type="checkbox"/> Virology (specify) _____ <input type="checkbox"/> Other _____
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(PROVIDE CLINICAL EXAM/HISTORY/NECROPSY INFORMATION ON BACK OF THIS FORM).

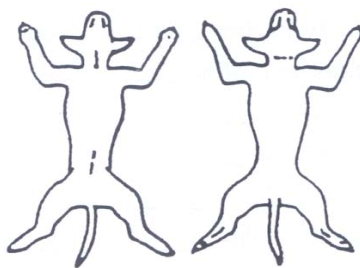
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HISTORY, CLINICAL EXAM AND TREATMENT:

NECROPSY LESIONS:

Indicate site and extent of lung lesions	
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SURGICAL SPECIMENS:



Ventral

Dorsal

Indicate site of lesion on drawing

Size and Shape _____

Color _____ Texture _____

Presence of Capsule ☐ Yes ☐ No _____

Growth Pattern ☐ Expansive _____
☐ Invasive _____
☐ Pedunculated _____

Duration _____

Rate of Growth _____

Has mass recurred? ☐ Yes ☐ No _____

Previous Diagnosis (Case No. _____) _____

Other _____

NOTE:

Results derived from testing done on samples from Nova Scotia food animals submitted to the Quality Evaluation Division may be used for statistical surveillance of animal health in Nova Scotia. Laboratory/Vet Services complies with the Federal *Health of Animals Act*. Laboratory/Vet Services will make all reasonable efforts to keep the personal information confidential and not disclose personal identifiers.