

# Sample Submission

Fisheries and Land Resources  
 Animal Health Division  
 Animal Health Laboratory  
 P.O. Box 7400  
 Mail: St. John's, NL, A1E 3Y5  
 Courier: 308 Brookfield Road, St. John's, NL, A1E 0B2  
 t 729.6897 t 729.0388 f 729.5825

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

<b>Veterinary Microbiology</b>
Site:
<input type="radio"/> Culture & sensitivity
<input type="radio"/> Milk culture & sensitivity
<b>Non-Routine</b>
<input type="radio"/> Mycoplasma culture
<input type="radio"/> Anaerobic culture
<input type="radio"/> Campylobacter culture
<input type="radio"/> Dermatophyte culture
<b>Clinical Pathology</b>
<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)
<b>Pathology</b>
<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
<b>Parasitology</b>
<input type="radio"/> Fecal float
<input type="radio"/> Baermann's
<input type="radio"/> Tick identification
<input type="radio"/> Giardia float
<input type="radio"/> Cryptosporidium

<b>Poultry Specific</b>
<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:
<b>Regulatory Milk</b>
<input type="radio"/> Test all <input type="radio"/> Resample
<input type="radio"/> Components
<input type="radio"/> Plate loop count
<input type="radio"/> Inhibitors
<input type="radio"/> Added water
<input type="radio"/> Somatic Cells
<b>Non Regulatory Milk</b>
<input type="radio"/> Components
<input type="radio"/> Somatic cells
<input type="radio"/> Inhibitors
<b>Meat &amp; Environmental</b>
<input type="radio"/> <i>Salmonella</i>
<input type="radio"/> <i>E. coli</i>
<input type="radio"/> Inhibitors
<input type="radio"/> Coliforms
<b>Rabies Surveillance</b>
<input type="radio"/> DRIT
<input type="checkbox"/> Other Request (ask us!)
Please define the request in the "comments" section of this form

Attention:
History/Comments:
Laboratory receiving:
Sample description:
Date/time: <input type="radio"/> See label
Received by: <span style="float: right;">Temp:</span>
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
Submitter contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No SAR#
Approved: Dr. Laura Rogers Revised: May 5, 2017 ID: R581-01