



Lab use only

SAMPLES TAKEN Date: ___/___/___ (yyyy/mm/dd) Time of day ___:___ Date sent ___/___/___ (yyyy/mm/dd)
SUBMITTED BY [] Veterinarian [] Owner [] Other BILL [] Veterinarian [] Other

Important. Please read: The submitter confirms that they are the owner or a duly authorized agent. Anonymized test results will be shared with the Ontario Government for purposes of animal and public health surveillance.

Form with fields for Clinic No., Owner unique ID, Clinic, Address, Postal code, City, Phone, Veterinarian, Email, Species, Animal ID, Breed, Age, Sex.

Type of biopsy: [] Excisional [] Wedge [] Fine needle [] Endoscopic Other: _____

Histology: (1-2 biopsies or tissues): ___ (histcm1)
Cytology: Smears: ___ (cytsm) Fluid: ___ (cyto) Bone marrow: ___ (bm)
[] Abdominal [] Thoracic [] Synovial [] CSF [] Urine [] Transtracheal

Clinical information, history, including treatment, and description of lesion (s)

Location/source of material: _____
Size and shape: _____
Growth pattern (expansion, invasion, pedunculation, etc.): _____
Duration: _____
Rate of growth: _____
History of recurrence: _____
Additional information (treatment?, suspected disease?): _____

Location/distribution of lesion (s)
[Diagram of a dog's body with dorsal and ventral labels]

Table with columns: # SPECIMENS, Sent, Received, Fixed tissue, Fluid, Slide, Other, List.

AHL Website: http://ahl.uoguelph.ca
AHL GUELPH: 519-824-4120 ext: 54530, Fax: 519-821-8072
AHL KEMPTVILLE: 613-258-8320, Fax: 613-258-8324
Specimens Received by: _____
Courier [] Drop-off []



Histology Testing (Description):

Histology biopsy 1-2 test code: histcm1

For submissions with 1-2 biopsies (<6 cm) or tissues, OR multiple (6 or fewer in total) punch or trucut biopsies from 1-2 sites, OR endoscopic biopsies from 1-2 sites. Formalin-fixed tissue.

Histology biopsy 3-6 test code: histcm2

For submissions with 3-6 biopsies (< 6cm) or tissues, OR endoscopic biopsies from 3-4 sites, OR 1 biopsy 6-10 cm. For cases with multiple (6 or fewer) punch or trucut biopsies, use 'Histopathology, companion, 1-2'.

Histology biopsy >7 test code: histcm3

For submissions with 7 or more biopsies or tissues, OR biopsies or tissues > 10 cm diameter, e.g., spleen, brain, mammary chain, heart.

For all histology submissions:

1. Additional charges (per 15 min) may apply for the pathologist to sample large or complex specimens (e.g. amputated limbs, joints, heart, spleen, lungs) submitted for diagnostic testing.
2. Please specify if margin evaluation is required, as additional charges will apply for biopsies >2 cm (see test histt).
3. Additional charges will apply for biopsies requiring decalcification and / or nail softening, such as digit amputations and bone biopsies (see tests histdc and histns).

Decalcification: test code histdc

Histopathology, tumor margin evaluation: test code: histt

Extra charges apply in addition to regular histopathology charge. For tumor excisional biopsies >2 cm diameter. Includes preparation of 4 radial sections. Please request margin evaluation at time of sample submission.

Specimen sampling, pathologist / 15 min test code: necrm

For Histology test prices please register for the AHL Fee Guide on the AHL website at the link:

<https://www.uoguelph.ca/ahl/user/login?current=front>

Please include your clinic/name and email when registering.