



ANIMAL HEALTH MILK CULTURE SUBMISSION FORM
LABORATORY



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. Contact information will be disclosed only in accordance with applicable law/legal obligation, including reportable disease legislation. Samples cannot be returned to the submitter due to biosafety regulations. Specimens submitted and any information or intellectual property arising therefrom belong to University of Guelph unless otherwise arranged in writing prior to submission. Information collected may be shared in accordance with applicable legislation, including without limitation, the Freedom of Information and Protection of Privacy Act.

Veterinarian required for interpretation, milk will not be processed without one		Owner unique ID (max. 40 characters)	
Clinic No.		Dairycomp ID (ANIMAL ID FIELD):	
Clinic		Address	
Address		Postal code	
City		Premises ID	Farm postal code
Phone		Farm postal code	
Veterinarian Required:	Fax	Phone	Fax
Email		Email	
Species:	Breed:	Commodity: Dairy <input type="checkbox"/> Meat <input type="checkbox"/> Other <input type="checkbox"/>	

Note: Please see reverse of this form and enter ID's as in the example provided

Total number of animals milking on sample day _____. Fresh (never frozen) Frozen

Note: Water samples, require an AHL water testing form to be submitted. For a copy of the link: <https://www.uoguelph.ca/ahl/submissions/submission-forms-and-special-projects>

<p>*****Please check all applicable tests*****</p> <p>Mastitis testing</p> <p><input type="checkbox"/> Culture only (<i>mast</i>)</p> <p><input type="checkbox"/> Culture and antimicrobial susceptibility testing (<i>mast</i>)</p> <p><input type="checkbox"/> Bulk tank - culture only (<i>bulkc</i>)</p> <p><input type="checkbox"/> Somatic cell counts – Fresh milk only (<i>scc</i>)</p> <p><input type="checkbox"/> Beta – lactamase testing – on <i>Staphylococcus aureus</i> isolates</p> <p>Mycoplasma sp. testing</p> <p><input type="checkbox"/> <i>Mycoplasma sp.</i> culture, individual milk (<i>mcu1m</i>)</p> <p><input type="checkbox"/> <i>Mycoplasma sp.</i> culture, bulk tank milk (<i>mcu1b</i>)</p> <p><input type="checkbox"/> <i>Mycoplasma bovis</i> - PCR (<i>mbpcr</i>)</p>	<p>Bacterial counts - bedding</p> <p><input type="checkbox"/> Bacterial total aerobic count, bedding (<i>tab</i>)</p> <p><input type="checkbox"/> Bacterial total coliform count, bedding (<i>tcb</i>)</p> <p><input type="checkbox"/> Bacterial total aerobic and coliform count, bedding (<i>tacb</i>)</p> <p><input type="checkbox"/> Mastitis, environmental culture Enterobacterales (<i>macule1</i>)</p> <p>Bacterial counts – colostrum/milk</p> <p><input type="checkbox"/> Bacterial total aerobic count, colostrum/milk (<i>tam</i>)</p> <p><input type="checkbox"/> Bacterial total coliform count, colostrum/milk (<i>tcm</i>)</p> <p><input type="checkbox"/> Bacterial total aerobic and coliform count, colostrum/milk (<i>tacm</i>)</p> <hr/> <p># Specimens Received _____ Initial _____</p> <p>Milk Individual _____ Water _____</p> <p>Bulk tank milk _____ Other _____</p> <p>Bedding _____</p>
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<p>AHL Website: http://ahl.uoguelph.ca</p> <p>AHL GUELPH: 519-824-4120 ext: 54530, Fax: 519-821-8072</p> <p>Email: ahlinfo@uoguelph.ca</p> <p>AHL KEMPTVILLE: 613-258-8320, Fax: 613-258-8324</p> <p>Email: ahlkempt@uoguelph.ca</p>	<p>AHL Guelph Courier Address</p> <p>AHL– University of Guelph Atten: Specimen Reception 50 Stone Rd E 419 Gordon St, Bldg 89 Guelph, ON, N1G 2W1</p>	<p>AHL Kemptville Courier Address</p> <p>Animal Health Laboratory Laboratory Services Division University of Guelph 79 Shearer Street Kemptville, ON, K0G1J0</p>
Specimens Received by: _____ Courier <input type="checkbox"/> Drop-off <input type="checkbox"/>		



Owner Unique ID _____ Farm/Barn _____

Vial #	Animal ID				Vial #	Animal ID			
AHL data field→	Animal/Client Sample ID field		Producer ID field	For BACT use only	AHL data field→	Animal/Client Sample ID field		Producer ID field	For BACT use only
	Primary cow ID (Cow mgmt # or name)	Secondary Cow ID (if available)	(LH, LF, RH, RF, C or BT)	(Clinical Non-clinical)		Primary cow ID (Cow mgmt # or name)	Secondary Cow ID (if available)	(LH, LF, RH, RF, C or BT)	(Clinical Non-clinical)
1	BESSIE	321	LH	<input checked="" type="checkbox"/> CL <input type="checkbox"/> NC	17	BERTIE	213	RH	<input type="checkbox"/> CL <input checked="" type="checkbox"/> NC
				<input type="checkbox"/> CL <input type="checkbox"/> NC					<input type="checkbox"/> CL <input type="checkbox"/> NC
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LEGEND	
C	Composite
BT	Bulk tank
CL	Clinical
NC	Non-clinical