

## Completing an AHL submission form (Terrestrial Animals)

Use a **black pen** to complete the form

- Practice Name and Address** - complete in full
- Submitters Name**  
**Copy To** - Indicate if an additional copy is to go to a departmental staff member
- Owner's Name** - use the normal trading name. Be consistent with the owner's name with all submissions from this property
- Sample Type and No. submitted** - accurately record the number, and type, of samples submitted and the tests required  
**Note:** If the sample is for export testing be very specific with type of tests required and export date
- Record **date of collection**
- Include the **PIC number**
- Complete details of **species, breed, sex and age**  
Please do not write **unknown**
- Record animal **ID numbers** or include a [separate ID sheet](https://nre.tas.gov.au/ahlabsforms). <https://nre.tas.gov.au/ahlabsforms>
- Include the **number** in the **affected** group, the number **ill** and the number of **mortalities**
- Record **clinical signs**, environment conditions and field necropsy findings
- Provide a **provisional diagnosis**
- Sign** the form
- Place the advice form on the **outside** of the esky or box

**Laboratory Advice Note**  
**Animal Health Laboratory**  
165 Westbury Road, PROSPECT 7250  
PO Box 46, KINGS MEADOWS 7249  
E: [specimenreception@nre.tas.gov.au](mailto:specimenreception@nre.tas.gov.au) P: (03) 6777 2111

**Office Use Only**  
Submission No.   
Serial No.   
Charge Cat.  Case Manager

**Practice Name**  **Date of Collection**  **5**

**Address**  **1** **Sender's Reference**  **6**

**Phone**  **Species**  **Sex**

**Email**  **Breed Type**  **Age**  **7**

**ABN**  **Animal ID - (if more than 16 animals complete a separate ID sheet)**

**Submitter's Name**  **2** **1.**  **2.**  **3.**  **4.**

**Copy to**  **5.**  **6.**  **8** **7.**  **8.**

**Owner's Name**  **9.**  **10.**  **11.**  **12.**

**Property Address**  **3** **12.**  **14.**  **15.**  **16.**

**Office Use Only**  **Date of Receipt**

**Sample Type & No. Submitted**  **4** **Test Required**

**No. in group**  **No. ill**  **No. dead**  **9** **Duration**   days  weeks  months

**History and Clinical Signs**  **10**

**Provisional Diagnosis**  **11**

**Submitter's Signature**  **12** **NRE Tas Case Manager Signature**

AHL Document No: 28F-001 Laboratory Advice Note  
Version No: 5, Issued: 12 January 2022 Page 1 of 1

### SUBMITTING SAMPLES

Submit samples to:

**Animal Health Laboratory**

NRE Tas

PO Box 46 Kings Meadows TAS 7249 (Aust Post)

165 Westbury Road Prospect TAS 7250 (Courier)

E: [specimenreception@nre.tas.gov.au](mailto:specimenreception@nre.tas.gov.au)

P: (03) 6777 2111