NOVA SCOTIA DEPARTMENT OF AGRICULTURE	Form # LSAD101F18.1
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TITLE: MEAT INSPECTION SUBMISSION FORM	



MEAT INSPECTION SUBMISSION FORM

Animal Health Laboratory

Hancock Building – 65 River Rd, Bible Hill, NS B2N 2P3 PH. (902) 893-6540/ Fax (902) 895-6684

AHL Accession #:		Date Received/Initials:			Case Coordinator:				
Owner Info	ormation								
Owner Nam	ne:				Farm/Plant Name:				
Plant #									
Address:					Phone:			Fax:	
Email:								<u> </u>	
Report to:	□ Inspecto	r 🗆 Owner	□ Vet	erinarian	□ Other				
	Name:				Email/Fax:				
		heduler - meat-in	spection	@novascotia	.ca				
Specimen	Information								
Date Sampl	ed:								
Date Submitted:			*Submitted by:						
CCIA #:									
Held Tag #:					□ Compromised/Downer				
Species:	Species: Breed:			Sex: □ Male	e □ Female Age □ days □ weeks □ years Bovine □ UTM □ OTM				s 🗆 years
	P	lease place tissue	submissi	ons in fully la	belled (CCIA #	. Held Tag	#) separa	te bags.	
No. Sent Specimen Type / Specimen ID			Test Requested				o. Received - LAB USE ONLY		
	(Liver, Kidney, Mu				(Specify each test on a separate line below)		Admin	(#/Initials)	Lab (#/Initials)
									Date In Lab:
Test Inforr	nation								
Pathology			Bacterio	ology			Referr	al/Other	
		☐ KIS Test							
☐ Histopathology ☐ A		□ Aerob	obic Culture						
□ Other:									

Please note: Specimens are analyzed as provided. The laboratory takes no responsibility for the accuracy of information submitted.

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History and Special Requests					