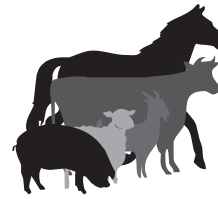


SUBMISSION FORM – METABOLIC PROFILES

Sample reception-CDEVQ
 3220 Sicotte, Saint-Hyacinthe, Québec J2S 2M2
 Phone: (450) 778-8151 // Fax: (450) 778-8107
 Email: service-diagnostic@medvet.umontreal.ca
 Website: www.servicedediagnostic.com



LAB USE ONLY

SAMPLE INFORMATION

Date of blood sampling : _____ Time of blood sampling : _____ Time of centrifugation : _____

PATIENT/OWNER IDENTIFICATION

Owner's ID : _____
 Farm : _____
 Address : _____
 Number of lactating cows : _____
 Phone : _____
 Species : _____ Breed : _____

BILLING INFORMATION

Veterinarian's name : _____
Clinic : _____
 Address : _____
 Phone : _____ Fax : _____
 Email : _____

CLINICAL/TREATMENT INFORMATION

HISTORY (NEEDED FOR INTERPRETATION)

DEMANDES D'ANALYSES

Groups	Metabolic profile Complete		Metabolic profile individual (basic)	Deoxynivalenol (DON)	Selenium	β-Carotene	Vitamin A	Vitamin E	Interpretation <input type="checkbox"/> Yes <input type="checkbox"/> No
	Pooled	Individual							
Early lactation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER TESTS _____ _____ _____ _____
Cow w/problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heifer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dry cow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Close up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Periparturient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

IDENTIFICATION OF ANIMALS FOR EACH GROUP

Early lactation		Cow w/ problem		Heifer	Dry cows	Close up (-21 days to - 3 days)	Periparturient (± 3 days from calving)
ID	DIM*	ID	DIM*	ID	ID	ID	ID

*Number of days in milk

When sending samples to the Diagnostic Service (DS) of the *Faculté de médecine vétérinaire (FMV)*, I hereby agree to transfer them to the institution. I agree hereby, that the information in this application and the results thereof can be used by the DS for purposes such as research, development, statistics and education. Personal information collected on this form will be treated according to the Act respecting access to documents held by public bodies and the protection of personal information (chapter A-2.1).

Special instructions/demands : _____ Signature : _____