SERVICE DE DIAGNOSTIC
Faculté de médecine vétérinaire

Université de Montréal

REQUEST FORM
Metabolic profiles

DIAGNOSTIC SERVICE
Direct line : 450 778-8151
Ph. : 450 773-8521, ext. 8243 or 514 343-6111, ext. 8243
Fax : 450 778-8107

Sample Reception (Room 1249)
3200, rue Sicotte, Saint-Hyacinthe J2S 2M2
www.medvet.umontreal.ca

For laboratory use only

No. de dossier : _____ Date de réception : _____ / _____ / _____

HERD/OWNER INFORMATION

Breed : _____

Number of lactating cows : _____

Kg milk/cow/year : _____

Water counter : ☐ yes ☐ no

Use of buffering substances : ☐ yes ☐ no

Owner ID : _____

Farm : _____

Address : _____

_____

BILLING INFORMATION

Submitting Veterinarian : _____

Clinic Name : _____

Address : _____

_____

Ph. : _____

Fax : _____

Email : _____

SAMPLE INFORMATION

Date Samples taken : _____ / _____ / _____

Time when taken : _____

Time when centrifuged : _____

CLINICAL HISTORY/TREATMENTS

History-herd observations : _____

_____

_____

_____

_____

TEST REQUEST

Groups	Complete composite profile		Surveillance composite profile		Basic profile	Selenium	β-carotene	Vitamin A	Vitamin E
	Pool	Individual	Pool	Individual	Individual only				
Early lactation	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dry cow	☐	☐	☐	☐	☐	☐	☐	☐	☐
Heifer	☐	☐	☐	☐	☐	☐	☐	☐	☐
Peripartum	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cows with problems	☐	☐	☐	☐	☐	☐	☐	☐	☐

Interpretation required
☐ yes ☐ no

ANIMAL IDENTIFICATION FOR EACH GROUP

Early Lactation		Problem Cows		Nonlactating	Cow-Heifer	Peripartum (+ or -) days from calving
ID # day lact	ID # day lact	ID # day lact	ID # day lact			