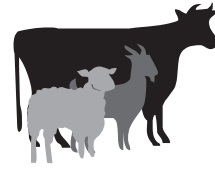




SUBMISSION FORM – BOVINE, OVINE, CAPRINE

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



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SAMPLE INFORMATION / For pathology and cytology lab, use the specific forms available on our website.

Sample taken date: _____ SAMPLE TYPE: Serum Plasma Whole blood Feces Tissues Other: _____

PATIENT/OWNER IDENTIFICATION BILLING INFORMATION CLINICAL/TREATMENT INFORMATION

Owner's ID: _____ Farm: _____ Address: _____ NIM: _____ Building No.: _____ Phone: _____ Species: _____ Breed: _____	Veterinarian's name: _____ Clinic: _____ Address: _____ Phone: _____ Fax: _____ Email: _____	ANAMNESIS NEEDED FOR INTERPRETATION _____ _____ _____ _____
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ANIMAL ID / AGE-SEX

1. _____ 3. _____ 5. _____ 7. _____ 9. _____ 11. _____
 2. _____ 4. _____ 6. _____ 8. _____ 10. _____ 12. _____

BACTERIOLOGY <input type="checkbox"/> Antimicrobial susceptibility <input type="checkbox"/> Bacterial culture <input type="checkbox"/> Milk culture <input type="checkbox"/> Bacterial count colostrum (feeding system) <input type="checkbox"/> Direct smear (Gram staining) <input type="checkbox"/> Blood culture <input type="checkbox"/> Strain identification <input type="checkbox"/> Anaerobic culture <input type="checkbox"/> Acid/Alcohol resistant bacteria <input type="checkbox"/> Mycology <input type="checkbox"/> Campylobacter culture <input type="checkbox"/> Direct smear <input type="checkbox"/> C.difficile toxins <input type="checkbox"/> C.perfringens toxins <input type="checkbox"/> Dermatophilus culture <input type="checkbox"/> E.coli culture <input type="checkbox"/> Histophilus somni culture <input type="checkbox"/> Mycoplasma culture <input type="checkbox"/> Mycoplasma identification <input type="checkbox"/> Salmonella culture <input type="checkbox"/> Salmonella serotyping	<input type="checkbox"/> Adenovirus <input type="checkbox"/> Anaplasma/Borrelia <input type="checkbox"/> Campylobacter spp. <input type="checkbox"/> Chlamydia spp. <input type="checkbox"/> Clostridium perfringens - toxins <input type="checkbox"/> Coronavirus spp. <input type="checkbox"/> Bovine coronavirus (BoCoV) <input type="checkbox"/> Coxiella burnetti <input type="checkbox"/> Bovine Viral Diarrhea Virus (BVDV) <input type="checkbox"/> Herpesvirus spp. <input type="checkbox"/> Bovine Herpesvirus type 1 (BHV-1 or IBR) <input type="checkbox"/> Bovine Herpesvirus type 4 (BHV-4) <input type="checkbox"/> Caprine Herpesvirus type 2 (CHV-2) <input type="checkbox"/> Ovine Herpesvirus type 2 (OHV-2 or MCF) <input type="checkbox"/> Leptospira spp. <input type="checkbox"/> Listeria monocytogenes <input type="checkbox"/> Mycobacterium spp. <input type="checkbox"/> Mycobacterium paratuberculosis (MPTB) <input type="checkbox"/> Mycoplasma spp. <input type="checkbox"/> Mycoplasma bovis <input type="checkbox"/> Neospora <input type="checkbox"/> Parainfluenza type 3 <input type="checkbox"/> Rotavirus A <input type="checkbox"/> Bovine Respiratory Syncytial Virus (BRSV) <input type="checkbox"/> Salmonella spp. <input type="checkbox"/> Trichomonas foetus <input type="checkbox"/> Ureaplasma diversum	<input type="checkbox"/> Sedimentation (Flukes) <input type="checkbox"/> Baermann test <input type="checkbox"/> Wisconsin CLINICAL PATHOLOGY <input type="checkbox"/> Bovine panel Bovine biochemistry profile and complete blood count w/ differential <input type="checkbox"/> Bovine profile (ALB, AST, BHB, TBIL, CA, CL, CK, CO2, CREAT, ANION GAP, GGT, GLDH, GLOB, GLU, K, NA, PHOS, TOT PROT, ALB/GLOB, UREA) <input type="checkbox"/> Electrolyte profile (CA, CL, CO2, CREAT, ANION GAP, K, NA, PHOS) <input type="checkbox"/> Electrolytes (NA/K/CL/CO2/ANION GAP) <input type="checkbox"/> Complete hepatic profile (ALB, BHB, TBIL, CA, CL, CO2, ANION GAP, GGT, GLDH, GLOB, GLU, K, NA, PHOS, TOT PROT, ALB/GLOB, UREA) <input type="checkbox"/> Ovine/Caprine profile (ALB, AST, TBIL, CA, CL, CK, CO2, CREAT, ANION GAP, GGT, GLDH, GLOB, GLU, K, NA, PHOS, TOT PROT, ALB/GLOB, UREA) <input type="checkbox"/> Peri-partum profile (ALB, CA, CL, CK, CO2, ANION GAP, K, MG, NA, PHOS) <input type="checkbox"/> Renal profile (ALB, CA, CL, CO2, CREAT, ANION GAP, GLOB, GLU, K, NA, PHOS, TOT PROT, ALB/GLOB, UREA) <input type="checkbox"/> Down cow profile (AST, TBIL, CA, CL, CK, CO2, CREAT, ANION GAP, K, MG, NA, PHOS) <input type="checkbox"/> Urinary MP/CREAT ratio Single biochemistry (specify): _____ Rumen <input type="checkbox"/> Rumen profile (pH, Buffering capacity, NA, K, CL)	<input type="checkbox"/> pH <input type="checkbox"/> Buffering capacity <input type="checkbox"/> NA <input type="checkbox"/> K <input type="checkbox"/> CL Mycotoxins/selenium/vitamins <input type="checkbox"/> Deoxynivalenol (DON) <input type="checkbox"/> Selenium <input type="checkbox"/> Beta-Carotene <input type="checkbox"/> Vitamin A <input type="checkbox"/> Vitamin E Endocrinology <input type="checkbox"/> Cortisol <input type="checkbox"/> Urinary cortisol/creatinine ratio <input type="checkbox"/> Progesterone Hematology <input type="checkbox"/> Smear examination <input type="checkbox"/> Blood count (CBC) w/o differential <input type="checkbox"/> Complete blood count (CBC) w/ differential Coagulation <input type="checkbox"/> Fibrinogen <input type="checkbox"/> PT <input type="checkbox"/> PTT <input type="checkbox"/> PT + PTT <input type="checkbox"/> Coagulation profile (PT-PTT/platelets) Urology <input type="checkbox"/> Complete exam <input type="checkbox"/> Physical and chemical examination <input type="checkbox"/> Urine microscopy VIROLOGY <input type="checkbox"/> BVDV - ELISA <input type="checkbox"/> BVDV - IFA <input type="checkbox"/> BVDV type I - SN <input type="checkbox"/> BVDV type II - SN <input type="checkbox"/> BVDV type I et II - SN <input type="checkbox"/> Chlamydia abortus - ELISA <input type="checkbox"/> Coxiella - ELISA <input type="checkbox"/> IBR - SN <input type="checkbox"/> IBR - IFA	<input type="checkbox"/> Influenza type A - ELISA <input type="checkbox"/> Neospora - ELISA <input type="checkbox"/> PI3 - IHA <input type="checkbox"/> Bovine Rotavirus - ELISA <input type="checkbox"/> BRSV - IFA <input type="checkbox"/> Bovine Leukosis Virus (BLV) - ELISA <input type="checkbox"/> Neospora + VLB ELISA <input type="checkbox"/> Antibody 4 virus profile (BVD I and II-SN/IBR-SN/PI3-IHA/RSV-IFA) <input type="checkbox"/> Viral isolation <input type="checkbox"/> Electronic microscopy <input type="checkbox"/> Whole genome sequencing (HTS) OTHER TESTS REQUESTED _____ _____ TESTING: <input type="checkbox"/> Each sample <input type="checkbox"/> Pool If a pool is requested, please specify: _____ _____
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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: _____

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