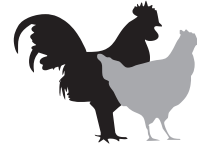




SUBMISSION FORM – AVIAN

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

Sample taken date: _____ SAMPLE TYPE: Eggs Serum Feces Other: _____

PATIENT/OWNER IDENTIFICATION	BILLING INFORMATION	HERD INFORMATION
Owner's ID: _____	Veterinarian's name: _____	Herd's name: _____
Farm: _____	Clinic: _____	Age/Hatching date: _____
Address: _____	Address: _____	Chicken <input type="checkbox"/> Turkey <input type="checkbox"/> Other (specify): _____
Building No.: _____	_____	Number of birds in the herd: _____
Phone: _____	Phone: _____ Fax: _____	Number of samples submitted: _____
	Email: _____	Vaccination: _____

CLINICAL/TREATMENT INFORMATION

Comments or anamnesis: _____

<p>BACTERIOLOGY</p> <p><input type="checkbox"/> Antimicrobial susceptibility <input type="checkbox"/> Bacterial culture <input type="checkbox"/> Anaerobic culture <input type="checkbox"/> Campylobacter-culture <input type="checkbox"/> Direct smear <input type="checkbox"/> E.coli culture <input type="checkbox"/> Salmonella culture <input type="checkbox"/> Salmonella serotyping <input type="checkbox"/> Mycology</p> <p>ECL LABORATORY</p> <p><input type="checkbox"/> E.coli PCR -Virotyping <input type="checkbox"/> Avian PCR strain - expanded profile <input type="checkbox"/> MIC <input type="checkbox"/> Phylogenetic group PCR</p> <p>MOLECULAR DIAGNOSTIC</p> <p><input type="checkbox"/> Avian adenovirus - detection <input type="checkbox"/> Avian adenovirus - sequencing <input type="checkbox"/> Infectious Bronchitis Virus (IBV) - detection <input type="checkbox"/> IBV - sequencing <input type="checkbox"/> Delmarva strain (IBV) - detection <input type="checkbox"/> Infectious Bursal Disease Virus (IBDV) <input type="checkbox"/> IBDV - sequencing <input type="checkbox"/> Campylobacter spp. <input type="checkbox"/> Avian Circovirus <input type="checkbox"/> Chlamydia spp. <input type="checkbox"/> Clostridium perfringens-toxins</p>	<p><input type="checkbox"/> Coronavirus spp. <input type="checkbox"/> Avian Encephalomyelitis Virus (AEV) <input type="checkbox"/> Herpesvirus spp. <input type="checkbox"/> Histomonas meleagridis <input type="checkbox"/> Identification by sequencing <input type="checkbox"/> Influenza type A detection <input type="checkbox"/> Infectious Laryngotracheitis Virus (ILT) - detection <input type="checkbox"/> ILTV - sequencing <input type="checkbox"/> Marek's Disease Virus (MDV) <input type="checkbox"/> Mycobacterium spp. <input type="checkbox"/> Avian mycoplasma (MG, MS, MM, MI) <input type="checkbox"/> Mycoplasma spp. <input type="checkbox"/> Poxvirus <input type="checkbox"/> Reovirus <input type="checkbox"/> Reovirus sequencing <input type="checkbox"/> Salmonella spp. <input type="checkbox"/> West Nile Virus</p> <p>PARASITOLOGY</p> <p><input type="checkbox"/> Coccidia count (McMaster) <input type="checkbox"/> Differential <input type="checkbox"/> KOH digestion <input type="checkbox"/> Parasite identification <input type="checkbox"/> Wisconsin</p> <p>AVIAN SEROLOGY / VIROLOGY</p> <p><input type="checkbox"/> Fowl Adenovirus group 1 (FAdV) - ELISA <input type="checkbox"/> Avian Adenovirus serotype 8a - ELISA <input type="checkbox"/> Avian Adenovirus serotype 11 - ELISA</p>	<p><input type="checkbox"/> Chicken Anemia Virus (CAV) - ELISA <input type="checkbox"/> Infectious Bronchitis Virus (IBV) - ELISA <input type="checkbox"/> Infectious Bursal Disease (IBD) - ELISA <input type="checkbox"/> IBD + - ELISA <input type="checkbox"/> Avian Encephalomyelitis (AE) - ELISA <input type="checkbox"/> Hemorrhagic Enteritis Virus (HEV) - ELISA <input type="checkbox"/> Avian Hepatitis E (BLS) - ELISA <input type="checkbox"/> Influenza type A - ELISA <input type="checkbox"/> Infectious Laryngotracheitis Virus (ILT) - ELISA <input type="checkbox"/> Newcastle Disease Virus (NDV +) - ELISA <input type="checkbox"/> Mycoplasma gallisepticum (MG) - ELISA <input type="checkbox"/> Mycoplasma synoviae (MS) - ELISA <input type="checkbox"/> Ornithobacterium rhinotracheale (ORT) – ELISA <input type="checkbox"/> Paramyxovirus type 3 (PMV-3) - IHA <input type="checkbox"/> Avian Reovirus - ELISA</p> <p><input type="checkbox"/> Viral isolation <input type="checkbox"/> Electronic microscopy <input type="checkbox"/> Whole genome sequencing (HTS)</p>	<p>OTHER TESTS REQUESTED</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>TESTING: <input type="checkbox"/> Each sample <input type="checkbox"/> Pool</p> <p>If a pool is requested, please specify:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">LAB USE ONLY</p>
--	--	---	---

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: _____