



SUBMISSION FORM – MILK BACTERIOLOGY

Sample reception-CDEVQ

3220 Sicotte, Saint-Hyacinthe, Québec J2S 2M2
Phone : 450 778-8151 // Fax: 450 778-8107

cdvum@umontreal.ca
www.cdvum.ca



SAMPLE INFORMATION / Use the form "Bovine, Ovine, Caprine" available on our website to access the complete list of tests.

Sample taken date : _____

PATIENT/OWNER IDENTIFICATION BILLING INFORMATION

Owner's ID : _____
Farm : _____
Address : _____

Phone : _____
Species : _____

Veterinarian's name : _____
Clinic : _____
Address : _____

Phone : _____ Fax : _____
Email : _____

BACTERIOLOGICAL ANALYZES

CATTLE ID	Reasons A : Purchase / C : Composite / L : Lactation M : Mastitis / Q : Quarter / T : Drying / V : Calving	Other information
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		

When sending samples to the *Centre de diagnostic vétérinaire de l'Université de Montréal (CDVUM)*, 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 CDVUM 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 : _____