CENTRE DE DIAGNOSTIC VÉTÉRINAIRE
DE L'UNIVERSITÉ DE MONTRÉAL

CDVUM

Université de Montréal

SUBMISSION FORM – **METABOLIC PROFILES**

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

cdvum@umontreal.ca
www.cdvum.ca

LAB USE ONLY

SAMPLE INFORMATION / For best results, please send decanted serums.
Samples for vitamin testing must be refrigerated and protected from light very quickly after sampling.

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

PATIENT/OWNER IDENTIFICATION	BILLING INFORMATION	CLINICAL/TREATMENT INFORMATION
Owner's ID : _____ REQUIRED	**Veterinarian's name :** _____	HISTORY (NEEDED FOR INTERPRETATION)
Farm : _____ REQUIRED	**Clinic :** _____	
Address : _____	Address : _____	
Number of animals in the herd : _____		
Phone : _____	Phone : _____ Fax : _____	
Species : _____ REQUIRED Breed : _____	Email : _____	

REQUEST FOR ANALYSIS

Groups	Metabolic profile Complete (Pooled* / Individual)	Metabolic profile individual (basic)	Deoxynivalenol (DON)	Selenium	ß-Carotene	Vitamin A	Vitamin E
Early lactation	☐ or ☐	☐	☐	☐	☐	☐	☐
Cow w/problem	☐ or ☐	☐	☐	☐	☐	☐	☐
Heifer	☐ or ☐	☐	☐	☐	☐	☐	☐
Dry cow	☐ or ☐	☐	☐	☐	☐	☐	☐
Close up	☐ or ☐	☐	☐	☐	☐	☐	☐
Periparturient	☐ or ☐	☐	☐	☐	☐	☐	☐
Calf	☐ or ☐	☐	☐	☐	☐	☐	☐
Feed cattle	☐ or ☐	☐	☐	☐	☐	☐	☐
Caprine	☐ or ☐	☐	☐	☐	☐	☐	☐
Ovine lactation	☐ or ☐	☐	☐	☐	☐	☐	☐
Ovine periparturient	☐ or ☐	☐	☐	☐	☐	☐	☐
Lamb	☐ or ☐	☐	☐	☐	☐	☐	☐

***A minimum of 5 serum is required for pooled testing.**

Interpretation
☐ Yes ☐ No

At least 5 samples must be submitted to request interpretation on a pool of samples.

OTHER TESTS

_____
_____
_____

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

☐ STAT (A preliminary report without interpretation will be sent to you)

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

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