



SUBMISSION FORM – SWINE

Sample reception-CDEVQ

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LAB USE ONLY

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 : _____	Veterinarian's name : _____	ANAMNESIS NEEDED FOR INTERPRETATION _____ _____ _____ _____
Farm : _____	Clinic : _____	
Address : _____	Address : _____	
Building No. : _____	_____	
Reference number : _____	Phone : _____ Fax : _____	
Phone : _____	Email : _____	

ANIMAL ID / AGE/SEX

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

<p>BACTERIOLOGY</p> <p><input type="checkbox"/> Antimicrobial susceptibility <input type="checkbox"/> Bacterial culture <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"/> APP culture <input type="checkbox"/> Campylobacter culture <input type="checkbox"/> Direct smear <input type="checkbox"/> C.difficile toxins (clinical pathology lab) <input type="checkbox"/> E.coli culture <input type="checkbox"/> Glaesserella parasuis culture <input type="checkbox"/> GPS serotyping <input type="checkbox"/> Salmonella culture <input type="checkbox"/> Salmonella serotyping <input type="checkbox"/> Staphylococcus hyicus culture <input type="checkbox"/> Streptococcus suis culture <input type="checkbox"/> Yersinia culture</p> <p>ECL LABORATORY</p> <p><input type="checkbox"/> E.coli PCR -Virotyping <input type="checkbox"/> MIC <input type="checkbox"/> E.coli whole genome sequencing</p> <p>MOLECULAR DIAGNOSTIC</p> <p><input type="checkbox"/> 16S detection <input type="checkbox"/> Atypical porcine pestivirus (APPV) <input type="checkbox"/> Brachyspira spp. <input type="checkbox"/> Species identification <input type="checkbox"/> Campylobacter spp. <input type="checkbox"/> Porcine Circovirus type 1 (PCV1) <input type="checkbox"/> Porcine Circovirus type 2 (PCV2) <input type="checkbox"/> PCV2 sequencing <input type="checkbox"/> Clostridium perfringens-toxins</p>	<p><input type="checkbox"/> Coronavirus spp. <input type="checkbox"/> Deltacoronavirus <input type="checkbox"/> Porcine Epidemic Diarrhea Virus (PEDV) <input type="checkbox"/> TGE/PRCV <input type="checkbox"/> Glaesserella parasuis <input type="checkbox"/> Identification by sequencing <input type="checkbox"/> Influenza type A detection <input type="checkbox"/> H/N characterization <input type="checkbox"/> H/N sequencing <input type="checkbox"/> Lawsonia intracellularis <input type="checkbox"/> Mycoplasma hyopneumoniae <input type="checkbox"/> Mycoplasma hyorhinis <input type="checkbox"/> Mycoplasma hyosynoviae <input type="checkbox"/> Mycoplasma suis <input type="checkbox"/> Porcine Parvovirus <input type="checkbox"/> Toxigenic Pasteurella multocida <input type="checkbox"/> Rotavirus A <input type="checkbox"/> Rotavirus B <input type="checkbox"/> Rotavirus C <input type="checkbox"/> Salmonella spp. <input type="checkbox"/> Sapelovirus <input type="checkbox"/> Senevavirus A <input type="checkbox"/> Streptococcus suis <input type="checkbox"/> PRRSV detection <input type="checkbox"/> PRRSV differentiation <input type="checkbox"/> PRRSV sequencing <input type="checkbox"/> Ureaplasma diversum</p> <p>PARASITOLOGY</p> <p><input type="checkbox"/> KOH digestion <input type="checkbox"/> Isospora suis <input type="checkbox"/> Tick/Parasite identification <input type="checkbox"/> Wisconsin <input type="checkbox"/> Zinc sulfate centrifugation</p>	<p>CLINICAL PATHOLOGY</p> <p><input type="checkbox"/> Swine profile (ALB, ALP, ALT, AST, TBIL, CA, CL, CHOL, CK, CO2, CREAT, ANION GAP, GGT, GLOB, GLU, K, LDH, MG, NA, PHOS, TOT PROT, ALB/GLOB, TRIGL, UREA)</p> <p><input type="checkbox"/> Electrolyte profile (CA, CL, CO2, CREAT, ANION GAP, K, NA, PHOS)</p> <p><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)</p> <p><input type="checkbox"/> Renal profile (ALB, CA, CL, CO2, CREAT, ANION GAP, GLOB, GLU, K, NA, PHOS, TOT PROT, ALB/GLOB, UREA)</p> <p>Single biochemistry (specify):</p> <p>Mycotoxins/selenium/vitamins</p> <p><input type="checkbox"/> Deoxynivalenol (DON) <input type="checkbox"/> Selenium <input type="checkbox"/> Vitamin A <input type="checkbox"/> Vitamin E</p> <p>Hematology</p> <p><input type="checkbox"/> Smear examination <input type="checkbox"/> Blood count (CBC) w/o differential <input type="checkbox"/> Complete blood count (CBC) w/ differential</p> <p>Urology</p> <p><input type="checkbox"/> Complete exam <input type="checkbox"/> Physical and chemical examination <input type="checkbox"/> Urine microscopy</p> <p>BACTERIAL SEROLOGY</p> <p><input type="checkbox"/> APP serotypes 1 to 15 - ELISA <input type="checkbox"/> APP serotype 1 (9, 11) - ELISA <input type="checkbox"/> APP serotype 2 - ELISA</p>	<p><input type="checkbox"/> APP serotypes 2, 3 and 7 - ELISA <input type="checkbox"/> APP serotype 3 (6, 8, 15) - ELISA <input type="checkbox"/> APP serotypes 5a, 5b - ELISA <input type="checkbox"/> APP serotype 7 (4) - ELISA <input type="checkbox"/> APP serotype 10 - ELISA <input type="checkbox"/> APP serotype 12 - ELISA <input type="checkbox"/> APP serotype 13 - ELISA <input type="checkbox"/> APP serotype 14 - ELISA <input type="checkbox"/> Multi-APP (serotypes 1 to 15) - ELISA <input type="checkbox"/> APP detection - PCR <input type="checkbox"/> APP differentiation (9,11) <input type="checkbox"/> APP serotyping- PCR <input type="checkbox"/> APP toxins- PCR <input type="checkbox"/> Glaesserella parasuis virulence <input type="checkbox"/> Lawsonia intracellularis - IFA <input type="checkbox"/> Lawsonia intracellularis titration - IFA <input type="checkbox"/> M.hyopneumoniae - ELISA (IDEXX) <input type="checkbox"/> Salmonella - ELISA (IDEXX) <input type="checkbox"/> Streptococcus suis serotyping <input type="checkbox"/> S. Suis differentiation PCR 1-14 or 2-1/2 <input type="checkbox"/> Evaluation of antibody response after immunization</p> <p>VIROLOGY</p> <p><input type="checkbox"/> Chlamydia abortus - ELISA <input type="checkbox"/> PEDV - ELISA <input type="checkbox"/> Porcine Circovirus type 2 (PCV2) - ELISA <input type="checkbox"/> Porcine Circovirus type 2 (PCV2)- IFA <input type="checkbox"/> TGE/PRCV - ELISA <input type="checkbox"/> Influenza type A - ELISA <input type="checkbox"/> PRRSV - ELISA (IDEXX 3X) <input type="checkbox"/> PRRSV - IFA titration</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>TESTING: <input type="checkbox"/> Each sample <input type="checkbox"/> Pool If a pool is requested, please specify:</p> <p>_____</p>
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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 :

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