CENTRE DE DIAGNOSTIC VÉTÉRINAIRE DE L'UNIVERSITÉ DE MONTRÉAL



For any questions, or to discuss project direction and available options, contact Marika Koszegi.

SUBMISSION FORM - HIGH THROUGHPUT SEQUENCING

Sample reception - CDEVQ

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



LAB USE ONLY

cdvum@umontreal.ca www.cdvum.ca

Assistance such as turnkey service can be provided on request. / email: m	arika.koszegi@umontreal.ca		
SAMPLE INFORMATION			
Sample taken date: Number of samples:			
Sample type: ☐ Isolated/purified virus ☐ Isolated bacterial strain ☐ RNA ☐ DNA ☐ Clinical specimen ☐ AmpliSeq sample			
Specify the choice selected above (indicate, if applicable, the method or extraction kit used, the bacterial or viral species sought, the nature of the clinical specimen and microbial load).			
☐ Other (specify):			
PATIENT/OWNER IDENTIFICATION	BILLING INFORMATION		CLINICAL/TREATMENT INFORMATION
Owner's ID :	Veterinarian's name :		
Farm:			
Address:	Clinic:		
Phone:	Address:		
Animal's name:			
Ref.:	Phone:		
Species: Breed:	Fax:		
Sex: Age:	Email:		
REQUESTS FOR TESTS			
GENERAL TESTS		SPECIFIC WHOLE GENOME S	SEQUENCING*
☐ MiSeq (Illumina)		☐ Swine influenza virus	
☐ S5 Prime (Ion Torrent)		□ PRRS virus	
□ Bioanalyzer		☐ Avian infectious bronchitis vir	rus (IBV)
☐ Microbiome 16S		☐ Rotavirus	
□ MicroRNA		☐ Avian Reovirus	
□AmpliSeq		☐ Avian infectious laryngotrache	eitis virus (ILTV)
		☐ Whole microbial genome seque	encing (specify):
□ De novo			ncina (specify):
250 1000			- 3000
		*Some viruses require isolation or the presence of host genome.	purification steps before sequencing their complete genome to reduce
OTHER TESTS REQUESTED			
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).			
pecial instructions/demands: Signature:			