



SUBMISSION FORM – BACTERIOLOGY AND MYCOLOGY

Sample reception-CDEVQ

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LAB USE ONLY

RENSEIGNEMENTS PRÉLÈVEMENTS

Sample taken date: _____ Number of samples: _____
Sample type: Milk Urine Feces Swab: _____ Tissues Other: _____

PATIENT/OWNER IDENTIFICATION

Owner's ID: _____
Farm: _____
Address: _____
Phone: _____
Animal ID: _____
Ref. No.: _____
Species: _____ Breed: _____
Sex: _____ Age: _____

BILLING INFORMATION

Veterinarian's name: _____
Clinic: _____
Address: _____
Phone: _____
Fax: _____
Email: _____

CLINICAL/TREATMENT INFORMATION

REQUESTS FOR ANALYSIS

GENERAL TESTS

- AEROBIC CULTURE
- ANAEROBIC CULTURE
- ANTIMICROBIAL SUSCEPTIBILITY
- MILK CULTURE
- CAMPYLOBACTER - DIRECT SMEAR
- GRAM STAINING (DIRECT SMEAR)
- AAR STAINING
- STRAIN IDENTIFICATION
- MYCOLOGY (FUNGUS)

SPECIFIC TESTS

- ACTINOBACILLUS PLEUROPNEUMONIAE
- CAMPYLOBACTER
- DERMATOPHILUS CONGOLENSIS
- ESCHERICHIA COLI
- GLAESSERELLA PARASUIS
- HISTOPHILUS SOMNI
- MYCOPLASMA
- SALMONELLA
- SHIGELLA
- YERSINIA

OTHER TESTS REQUESTED

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: