



SUBMISSION FORM – EQUINE

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**

Owner's ID: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Animal ID: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

**BILLING INFORMATION**

Veterinarian's name: \_\_\_\_\_

Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**CLINICAL/TREATMENT INFORMATION**

ANAMNESIS NEEDED FOR INTERPRETATION

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BACTERIOLOGY**

- Antimicrobial susceptibility
- Bacterial culture
- Direct smear (Gram staining)
- Blood culture
- Strain identification
- Anaerobic culture
- Acid/Alcohol resistant bacteria
- Mycology
- Campylobacter culture
  - Direct smear
- C.difficile toxins (clinical pathology lab)
  - STAT
- Dermatophilus culture
- Mycoplasma culture
  - Mycoplasma identification
- Salmonella culture
- Streptococcus equi culture

- Lawsonia intracellularis
- Leptospira spp.
- Listeria monocytogenes
- Mycobacterium spp.
- Mycoplasma spp.
- Equine Rhinovirus type A and B
- Rotavirus A
- Salmonella spp.
- Streptococcus equi/zoo
- West Nile virus

**PARASITOLOGIE**

- Zinc sulfate centrifugation
- Strongyles count (McMaster)
- KOH digestion
- Tick/Parasite identification
- Baermann test
- Wisconsin

**CLINICAL PATHOLOGIE**

- Equine panel**  
Equine biochemistry profile and complete blood count w/ differential
- Equine profile**  
(ALB, ALP, AST, DBIL, IBIL, TBIL, CA, CL, CK, CO2, CREAT, ANION GAP, GGT, GLDH, GLOB, GLU, K, DGGR, LIP, MG, NA, PHOS, TOT PROT, ALB/GLOB, UREA)
- Electrolyte profile**  
(CA, CL, CO2, CREAT, ANION GAP, K, NA, PHOS)
- Electrolytes**  
(NA/K/CL/CO2/ANION GAP)
- Equine metabolic profile**  
(ALB, AST, CA, CHOL, CL, CO2, CU, GAP ANION, GGT, GLOB, GLU, K, MG, NA, OSM PRESSURE, PHOS, PROT TOT, UREA, ZN)
- Renal profile**  
(ALB, CA, CL, CO2, CREAT, ANION GAP, GLOB, GLU, K, NA, PHOS, TOT PROT, ALB/GLOB, UREA)
- Urinary MP/CREAT ratio

**Single biochemistry (specify):**

**Pharmacology**

- Potassium bromide (KBr)
- Phenobarbital

Phenobarbital + KBr

**Mycotoxins/selenium/vitamins**

- Deoxynivalenol (DON)
- Selenium
- Vitamin A
- Vitamin E
- Vitamin E + Selenium

**Endocrinology**

- ACTH
- Cortisol
- Progesterone

**Hematology**

- Smear examination
- Blood count (CBC) w/o differential
- Complete blood count (CBC) w/ differential
- Blood compatibility
- Coomb's test

**Coagulation**

- Fibrinogen - Clauss method
- Fibrinogen - heat precipitation
- PT
- PTT
- PT + PTT
- Coagulation profile  
(PT-PTT/platelets/Fibrinogen)
- PT + PTT + Fibrinogen

**Urology**

(Specify the sampling method): \_\_\_\_\_

- Complete exam
- Physical and chemical examination
- Urine microscopy
- Cortisol / creat
- Electrolyte + creat
- GGT / creat
- Microproteines (MP)
- MP / creat
- NAG / creat

**VIROLOGY**

- Equine Infectious Anemia (EIA) - ELISA
- Chlamydia abortus-ELISA

- Influenza type A - ELISA
- Equine Rhinopneumonitis (ERP) - SN
- Equine Rhinopneumonitis (ERP) - IFA
- Viral isolation**
- Electronic microscopy**
- Whole genome sequencing (HTS)**

**OTHER TESTS REQUESTED**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TESTING:  Each sample  Pool

If a pool is requested, please specify:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LAB USE ONLY**

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: