



SUBMISSION FORM – MILK BACTERIOLOGY

Sample reception-CDEVQ

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SAMPLE INFORMATION / Use the form "Bovine, Ovine, Caprine" available on our website to access the complete list of tests.

Sample taken date : _____

PATIENT/OWNER IDENTIFICATION BILLING INFORMATION

Owner's ID : _____
Farm : _____
Address : _____

Phone : _____
Species : _____

Veterinarian's name : _____
Clinic : _____
Address : _____

Phone : _____ Fax : _____
Email : _____

BACTERIOLOGICAL ANALYZES

CATTLE ID	Reasons A : Purchase / C : Composite / L : Lactation M : Mastitis / Q : Quarter / T : Drying / V : Calving	Other information
1.		
2.		
3.		
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15.		
16.		

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) and may be communicated by the CDVUM to government authorities in the context of legal obligations.

Special instructions/demands : _____ Signature : _____