



SUBMISSION FORM – METABOLIC PROFILES

Sample reception-CDEVQ

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LAB USE ONLY

SAMPLE INFORMATION / For best results, please send decanted serums.
Samples for vitamin testing must be refrigerated and protected from light very quickly after sampling.

Date of blood sampling : _____ Time of blood sampling : _____ Time of centrifugation : _____

PATIENT/OWNER IDENTIFICATION	BILLING INFORMATION	CLINICAL/TREATMENT INFORMATION
Owner's ID : _____ REQUIRED Farm : _____ REQUIRED Address : _____ Number of animals in the herd : _____ Phone : _____ Species : REQUIRED _____ Breed : _____	Veterinarian's name : _____ Clinic : _____ Address : _____ Phone : _____ Fax : _____ Email : _____	HISTORY (NEEDED FOR INTERPRETATION) _____ _____ _____ _____

Groups	Metabolic profile Complete		Metabolic profile individual (basic)	Deoxynivalenol (DON)	Selenium	β-Carotene	Vitamin A	Vitamin E	Interpretation <input type="checkbox"/> Yes <input type="checkbox"/> No
	Pooled*	Individual							
Early lactation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	At least 5 samples must be submitted to request interpretation on a pool of samples.
Cow w/problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heifer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dry cow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Close up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Periparturient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Calf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Feed cattle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Caprine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ovine lactation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ovine periparturient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lamb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*A minimum of 5 serum is required for pooled testing.

IDENTIFICATION OF ANIMALS FOR EACH GROUP							
Early lactation		Cow w/ problem		Heifer	Dry cows	Close up (-21 days to - 3 days)	Periparturient (± 3 days from calving)
ID	DIM	ID	DIM	ID	ID	ID	ID

STAT (A preliminary report without interpretation will be sent to you)

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

Special instructions/demands : _____ Signature : _____