

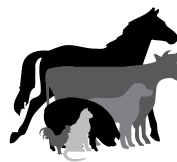


SUBMISSION FORM – PARASITOLOGY

Sample reception-CDEVQ

3220 Sicotte, Saint-Hyacinthe, Québec J2S 2M2
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cdvum@umontreal.ca
www.cdvum.ca



LAB USE ONLY

SAMPLE INFORMATION

Sample taken date: _____ Number of samples: _____
Sample type: Feces Parasite Blood/Serum Skin scraping Muscle Other: _____
Analyzes: Individual Pool (specify): _____

PATIENT/OWNER IDENTIFICATION

Owner's ID: _____
Farm: _____
Address: _____
Phone: _____
Animal ID: _____
Ref. No.: _____
Species: _____ Breed: _____
Age: _____ Sex: F F/S M M/C

BILLING INFORMATION

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

CLINICAL/TREATMENT INFORMATION

ANAMNESIS NEEDED FOR INTERPRETATION

TREATMENTS

REQUESTS FOR ANALYSIS

GENERAL TESTS

BOVINE/OVINE/CAPRINE

ZnSO4 centrifugation (< 6 months)
Wisconsin (adults)

CANINE/FELINE

ZnSO4 centrifugation⁴

EQUINE

Wisconsin

EXOTICS

ZnSO4 centrifugation

PORCINE

ZnSO4 centrifugation (< 6 months)
Wisconsin (adults)

POULTRY

Coccidia count (McMaster)
Differential
Wisconsin

SPECIFIC TESTS

BAERMANN TEST (pulmonary parasites)
STRONGYLES COUNT
DIFIL TEST
HAEMONCHUS CONTORTUS
ISOSPORA SUI
PARASITES/TICKS IDENTIFICATION
SKIN SCRAPING WITH DIGESTION (KOH)
SKIN SCRAPING WITHOUT DIGESTION
SEDIMENTATION (flukes)
4DX SNAP TEST
GIARGIA SNAP TEST
TRICHINA

OTHER TESTS REQUESTED

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

Special instructions/demands:

Signature: