

SUBMISSION FORM – MILK BACTERIOLOGY

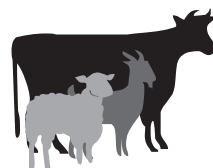
Sample reception-CDEVQ

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Email: service-diagnostic@medvet.umontreal.ca

Website: www.servicedediagnostic.com



LAB USE ONLY

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. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		
11. _____		
12. _____		
13. _____		
14. _____		
15. _____		
16. _____		
17. _____		

When sending samples to the Diagnostic Service (DS) of the *Faculté de médecine vétérinaire (FMV)*, 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 DS 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: _____