



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 BILLING INFORMATION CLINICAL/TREATMENT INFORMATION

Owner's ID: _____ Address: _____ Phone: _____ Animal ID: _____ Species: _____ Breed: _____ Age: _____ Sex: _____	Veterinarian's name: _____ Clinic: _____ Address: _____ Phone: _____ Fax: _____ Email: _____	ANAMNESIS NEEDED FOR INTERPRETATION _____ _____ _____ _____
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BACTERIOLOGY

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

ECL LABORATORY

- E.coli PCR -Virotyping
- MIC
- MLST
- Serotyping

MOLECULAR DIAGNOSTIC

- Anaplasma/Borrelia
- Chlamydia spp.
- Clostridium perfringens - toxins
- Coronavirus spp.
- Coxiella burnetti
- Ehrlichia risticii
- Herpesvirus spp.
- Equine Herpesvirus type 1 and 4 (EHV1/EHV4)
- Identification by sequencing
- Influenza type A
- Lawsonia intracellularis
- Leptospira spp.

PARASITOLOGIE

- Listeria monocytogenes
- Mycobacterium spp.
- Mycoplasma spp.
- Equine Rhinovirus type A and B
- Rotavirus A
- Salmonella spp.
- Streptococcus equi/zoo

CLINICAL PATHOLOGIE

- Zinc sulfate centrifugation
 - Strongyles count (McMaster)
 - KOH digestion
 - Tick/Parasite identification
 - Baermann test
 - Wisconsin
- 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)
- Complete hepatic profile**
 (ALB, BHB, TBIL, CA, CL, CO2, ANION GAP, GGT, GLDH, GLOB, GLU, K, NA, PHOS, TOT PROT, ALB/GLOB, UREA)
- 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

OTHER TESTS REQUESTED

- Phenobarbital + KBr
- Mycotoxins/selenium/vitamins**
- Deoxynivalenol (DON)
- Selenium
- Vitamin A
- Vitamin E
- Endocrinology**
- Cortisol
- Urinary cortisol/creatinine ratio
- Progesterone
- Total T4
- Hematology**
- Smear examination
- Blood count (CBC) w/o differential
- Complete blood count (CBC) w/ differential
- Blood compatibility
- Coomb's test
- Coagulation**
- Fibrinogen
- PT
- PTT
- PT + PTT
- Coagulation profile (PT-PTT/platelets)
- Urology**
- Complete exam
- Physical and chemical examination
- Urine microscopy
- VIROLOGY**
- Equine Infectious Anemia (EIA) - ELISA
- Equine Arteritis Virus (EAV) - SN
- Chlamydia abortus-ELISA
- Equine Influenza A1 and A2 - IHA
- Influenza type A - ELISA
- Equine Rhinopneumonitis (ERP) - SN
- Equine Rhinopneumonitis (ERP) - IFA
- Equine Rotavirus - ELISA
- Viral isolation**
- Electronic microscopy**

LAB USE ONLY

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