



**SUBMISSION FORM – BACTERIOLOGY AND MYCOLOGY**

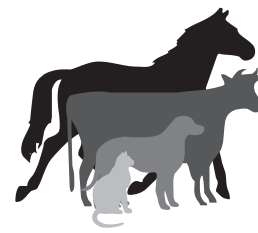
**Sample reception-CDEVQ**

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LAB USE ONLY

**RENSEIGNEMENTS PRÉLÈVEMENTS**

Sample taken date: \_\_\_\_\_ Number of samples: \_\_\_\_\_

Sample type:  Milk  Urine  Feces  Swab: \_\_\_\_\_  Tissues  Other: \_\_\_\_\_

**PATIENT/OWNER IDENTIFICATION**

Owner's ID: \_\_\_\_\_

Farm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Animal ID: \_\_\_\_\_ Ref. No.: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_

**BILLING INFORMATION**

**Veterinarian's name:** \_\_\_\_\_

Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**CLINICAL/TREATMENT INFORMATION**

\_\_\_\_\_  
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 \_\_\_\_\_

**REQUESTS FOR ANALYSIS**

**GENERAL TESTS**

- AEROBIC CULTURE
- ANAEROBIC CULTURE
- ANTIMICROBIAL SUSCEPTIBILITY
- MILK CULTURE
- CAMPYLOBACTER - DIRECT SMEAR
- GRAM STAINING (DIRECT SMEAR)
- AAR STAINING
- BACTERIAL COUNT
- COLIFORM NUMBER
- STRAIN IDENTIFICATION
- MYCOLOGY (FUNGUS)

**SPECIFIC TESTS**

- ACTINOBACILLUS PLEUROPNEUMONIAE
- BRACHYSPIRA
- CAMPYLOBACTER
- CLOSTRIDIUM DIFFICILE TOXINS - ELISA
- DERMATOPHILUS CONGOLENSIS
- ESCHERICHIA COLI
- HAEMOPHILUS PARASUIS
- HISTOPHILUS SOMNI
- MYCOPLASMA
- SALMONELLA
- SHIGELLA
- YERSINIA

**OTHER TESTS REQUESTED**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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: