



SUBMISSION FORM – PARASITOLOGY

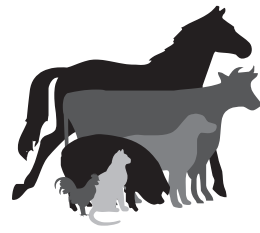
Sample reception-CDEVQ

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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
- Differential
- Wisconsin

SPECIFIC TESTS

- BAERMANN TEST (pulmonary parasites)
- STRONGYLES COUNT
- DIFIL TEST
- 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 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: