



SUBMISSION FORM – MILK BACTERIOLOGY

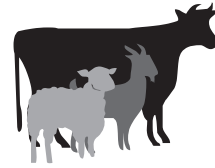
Sample reception-CDEVQ

3220 Sicotte, Saint-Hyacinthe, Québec J2S 2M2

Phone: (450) 778-8151 // Fax: (450) 778-8107

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. | | |

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: _____