



SUBMISSION FORM – BACTERIOLOGY AND MYCOLOGY

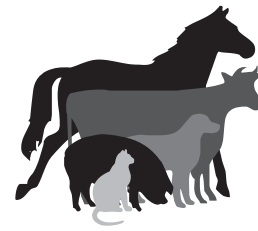
Sample reception-CDEVQ

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

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

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: