



**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: _____	<b>Veterinarian's name:</b> _____  Clinic: _____  Address: _____  Phone: _____ Fax: _____  Email: _____	ANAMNESIS NEEDED FOR INTERPRETATION  _____  _____  _____  _____
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**BACTERIOLOGY**

- Antimicrobial susceptibility
- Bacterial culture
- 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 toxins
- Dermatophilus culture
- Mycoplasma culture
- Salmonella culture
- Streptococcus equi culture

**ECL LABORATORY**

- E.coli PCR -Virotyping
- MIC

**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)
  - Equine Herpesvirus type 1 - differentiation
- Equine Herpesvirus type 2
- Equine Herpesvirus type 5
- Identification by sequencing
- Influenza type A
- Lawsonia intracellularis
- Leptospira spp.
- Listeria monocytogenes

**PARASITOLOGIE**

- Mycobacterium spp.
  - Mycoplasma spp.
  - Equine Rhinovirus type A and B
  - Rotavirus A
  - Salmonella spp.
  - Streptococcus equi/zoo
- PARASITOLOGIE**
- Zinc sulfate centrifugation
  - Strongyles count (McMaster)
  - KOH digestion
  - Tick/Parasite identification
  - Baermann test
  - Wisconsin

**CLINICAL PATHOLOGIE**

- 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)
- Equine metabolic profile**  
(ALB, AST, CA, CHOL, CL, CO2, CU, GAP ANION, GGT, GLOB, GLU, K, MG, NA, OSM PRESSURE, PHOS, PROT TOT, UREA, ZN)
- 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)

**OTHER TESTS REQUESTED**

- Phenobarbital
- Phenobarbital + KBr
- Mycotoxins/selenium/vitamins**
  - Deoxynivalenol (DON)
  - Selenium
  - Vitamin A
  - Vitamin E
- Endocrinology**
  - Cortisol
  - Urinary cortisol/creatinine ratio
  - Progesterone
- 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

**TESTING: ■ Each sample ■ Pool**

If a pool is requested, please specify:

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**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: \_\_\_\_\_