



Submit a sample form

Escherichia coli Laboratory

Faculté de médecine vétérinaire
Université de Montréal

Laboratory use only		
☐ Interne	☐ Externe	☐ Enseignement
☐ Ambulatoire	☐ Recherche	☐ Nécropsie
No pathologie :		No dossier/Réf client
Date de réception :		

Submission information			
Submitted by		Owner	
Business name		Business name and address	
Business address		Tel.	Fax
		Email	
		Pathologist	
Tel.	Fax	Tel.	Fax
Email		Email	
Invoice to ☐ Submitter ☐ Owner		Report to ☐ Submitter ☐ Owner	Sending report by ☐ Fax ☐ Email ☐ Mail

Sample identification							
Sample origin		Disease syndrome					
Species	Age	Diarrhea	Septicemia	Morbidity	Death	Antibiotic Treatment	Vaccination
☐ Pig ☐ Bovine ☐ Equine ☐ Ovine ☐ Caprine ☐ Poultry ☐ Other, specify	☐ Male ☐ Female	☐ Acute ☐ Chronic ☐ Bloody ☐ Other, specify	☐ Sudden death ☐ Wasting ☐ Loss of appetite ☐ Other, specify	☐ 0-10 % ☐ 10-30 % ☐ + than 30 %	☐ 0-10 % ☐ 10-30 % ☐ + than 30 %	☐ yes ☐ no Other treatment, specify	☐ yes ☐ no Colibacillosis
Sample information							
Animal ID	Sample type (feces, tissue, swab, fluid...)	Sampling date	Shipping date				
1							
2							
3							
4							
5							

Sample analysis Pathotyping	Strain analysis Virotyping: factors to be tested	Other
☐ Pig (diarrhea) STa, STb, LT, Eae, F4(K88) ☐ Pig (edema) Stx2e(VT2e), F18 ☐ Bovine Sta, Eae, Stx1(VT1), Stx2(VT2) ☐ Poultry Aero, P, Tsh ☐ Dog and cat (diarrhea) Sta, Eae, CNF, P ☐ Dog and cat (urinary tract) CNF, P, Aero ☐ Rabbit Eae ☐ Human (diarrhea) Sta, LT, Eae, Stx1(VT1), Stx2(VT2) ☐ Human (urinary tract or septicemia) CNF, P, Aero, hemolysin	Any species ☐ Diarrhea Sta, STb, LT, Eae, Stx1(VT1), Stx2(VT2) ☐ Extraintestinal samples Sta, STb, LT, Eae, Stx1(VT1), Stx2(VT2), CNF, P, Aero, Tsh (Tsh for avian samples) ☐ Additional fimbrial adhesins or other factors, specify	Toxins ☐ LT ☐ STa ☐ STb ☐ Stx1(VT1) ☐ Stx2(VT2) ☐ Stx2e (VT2e) ☐ CNF ☐ EAST-1 ☐ Aerobactin ☐ Tsh Fimbriae / adhesins ☐ F4(K88) sub-types ☐ ab ☐ ac ☐ ad ☐ F5(K99) ☐ F6(987P) ☐ F41 ☐ P (included F165) serotypes F7 to F16, specify ☐ AFA ☐ F17 ☐ F18ab/ac(F107) ☐ Eae (Intimin) ☐ Paa ☐ AIDA For testing of additional virulence factors, please contact us.
		☐ O serotyping ☐ Pulsotyping ☐ Other, specify

This form should be included with your samples. Please do not hesitate to contact us for any questions.

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