DIAGNOSTIC SAMPLE SUBMISSION FORM

SUBMITTER:									
Name:			VAT number:						
Contact person:			E-mail:						
Address					7.	10		Vorm KK-diagn_s	
Address:					21	IP:	Phone:		
□ veterinarian :									
Are the animals	at 🗆 address a	above or 🗆 elsewl	nere (specify, f	arm ID*):					
LABORATORY R	EPORT WILL BE	SENT BY:		INVOICE	WILL BE	SENT TO: (if d	ifferent from submitter)		
Regular ma									
E-mail									
	ABOUT SAMPLII	NG AND SAMPLING	PURPOSE:	Are the sa	amples 1	from animals sh	nowing clinical signs		
Animal species		Not it is		□ yes (diagnostic) □ no (monitoring) □ other (specify):					
N of herds Organic*		N of animals ☐ unknown ☐ i	n transition						
Housing*	-	outdoors mixed							
Purpose		□ farmed (specify) □ wild □ pet □ zoo			Date and time samples taken:				
CLINICAL HISTO	DV/ DOST MOD	TEM FINDINGS/ SUS	SDICION /for di	iganostic subr	niccione	c only)			
CLINICAL HISTO	KIT POST WOKI	EWI FINDINGS/ 303	SPICION (JOI UI	iugnostic subi	1115510115	s only)			
Duration of clin	ical signs	□ 0–3 days □ 4 da	ays – 2 weeks	□ > 2 weeks	□ unkı	nown			
	of breeding	N in affected group (at onset)*		N affected		N dead	Estimated age animals		
herd* females*				including dead*		predominantly affected			
	1					•			
Sample ID		al ID Sex		Age	Age Farr		arm ID* Sample type (and anatomical location)		
oup.c.i.z				7.80					
Sample(s) ID	N of animals	Sample type		Test requested			Remarks, detai	Remarks, details	
	THE LABORATO	PRY:							
Arrival date and ti	ime of sample(s):			Registro	ation nu	ımber (laborat	ory ID):		
Receptionist's nar	ne and signature:								
f appropriate									
appropriate									

Please tick box if samples cannot be used for anonymous surveillance or test validation purposes \hdots

