

SAMPLE SUBMISSION FORM

Owner/Billing address + TAX number

Veterinarian

Name:	Name:
Address + TAX number:	Address + email address:

Flock/herd and Sample description:

Host: _____ Sample type: _____ Sample number: _____
 Origin: _____
 Flock/herd description and Anamnesis: _____

Requested tests

PCR								
<i>M. gallisepticum</i>		<i>M. synoviae</i>		<i>M. meleagridis</i>		<i>M. iowae</i>		
MS-H DIVA		MS1 DIVA		ts11 DIVA		6/85 DIVA		
F DIVA		K DIVA						
<i>M. anseris</i>		<i>M. anatis</i>		<i>M. anseris</i>		<i>M. cloacale</i>		
<i>M. hyopneumoniae</i>		<i>M. hyorhinis</i>		<i>M. hyosynoviae</i>		<i>M. bovis</i>		
Other:								
ELISA								
<i>M. synoviae</i>		<i>M. gallisepticum</i>		<i>M. meleagridis</i>				
<i>M. bovis</i>		<i>M. hyopneumoniae</i>						
Other:								
Isolation								
Yes, the following species:							No	

Antibiotic sensitivity testing (MIC) (specification of antibiotics):

Other test:

Date:

Owner

Veterinarian

(By filling and signing this form you agree that we record your data.)