MolliScience®
pure mycoplasmology

SAMPLE SUBMISSION FORM

Owner/Billing address + TAX number	**Veterinarian**
Name:	Name:
Address + TAX number + email address:	Address + email address:

Flock/herd and Sample description:

Host: Sample type: Sample number:

Origin:

Flock/herd description and Anamnesis:

Requested tests

PCR							
M. gallisepticum		*M. synoviae*		*M. meleagridis*		*M. iowae*	
MS-H DIVA		MS1 DIVA		ts11 DIVA		6/85 DIVA	
F DIVA		K DIVA					
M. anserisalpingitidis		*M. anatis*		*M. anseris*		*M. cloacale*	
M. hyopneumoniae		*M. hyorhinis*		*M. hyosynoviae*		*M. bovis*	
Other:							
ELISA							
M. synoviae		*M. gallisepticum*		*M. meleagridis*			
M. bovis		*M. hyopneumoniae*					
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.)