|  |  |  |
| --- | --- | --- |
| ***SUBMITTER:*** | | |
| *Name:* | *VAT number:* | |
| *Contact person:* | *E-mail:* | |
| *Address:* | *ZIP:* | *Phone:* |
| □ veterinarian □ owner □ other (specify): |
| Are the animals at □ address above or □ elsewhere (specify, farm ID\*): | | |

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| --- | --- | --- |
| ***LABORATORY REPORT WILL BE SENT BY:*** | | ***INVOICE WILL BE SENT TO: (if different from submitter)*** |
|  | Regular mail |  |
|  | E-mail |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***INFORMATION ABOUT SAMPLING AND SAMPLING PURPOSE:*** | | | | |
| Animal species |  | | | Are the samples from animals showing clinical signs  □ yes (diagnostic) □ no (monitoring) □ other (specify): |
| N of herds |  | N of animals |  |
| Organic\* | □ yes □ no □ unknown □ in transition | | |
| Housing\* | □ housed □ outdoors □ mixed □ unknown | | |
| Purpose | □ farmed (specify) □ wild □ pet □ zoo | | | Date and time samples taken: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Clinical history/ post mortem findings/ suspicion (for diagnostic submissions only)*** | | | | | |
|  | | | | | |
| **Duration of clinical signs** | | □ 0–3 days □ 4 days – 2 weeks □ > 2 weeks □ unknown | | | |
| **Total N in herd\*** | **N of breeding females\*** | **N in affected group (at onset)\*** | **N affected including dead\*** | **N dead** | **Estimated age animals predominantly affected** |
|  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| ***INFORMATION ABOUT SAMPLES:*** | | | | | |
| **Sample ID** | **Animal ID** | **Sex** | **Age** | **Farm ID\*** | **Sample type (and anatomical location)** |
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| **Sample(s) ID** | **N of animals** | **Sample type** | **Test requested** | **Remarks, details** |
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| ***COMPLETED BY THE LABORATORY:*** | |
| *Arrival date and time of sample(s):* | ***Registration number (laboratory ID):*** |
| *Receptionist´s name and signature:* |

\*if appropriate

Please tick box if samples cannot be used for anonymous surveillance or test validation purposes󠆻 󠇕□