

Veterinary surgeon / Sender

Farmer

Invoice to: Results to:

Name:			<input type="checkbox"/> Vetlabor	<input type="checkbox"/> Vetlabor
Street:			<input type="checkbox"/> Sender	<input type="checkbox"/> Sender
Postal code / city:			<input type="checkbox"/> Farmer	<input type="checkbox"/> Farmer
Phone:			<input type="checkbox"/> by e-mail	<input type="checkbox"/> by e-mail
Fax:			<input type="checkbox"/> by Fax	<input type="checkbox"/> by Fax
e-mail:			<input type="checkbox"/> by Post	<input type="checkbox"/> by Post

Sampling date: _____ Number of samples: _____ Age: _____ Breed: _____ Species: _____

Material: _____

Signs of disease: _____

Please tick box(es) for test(s) required

Serology

<input type="checkbox"/> Fowl adenovirus (FAdV)	<input type="checkbox"/> ELISA	<input type="checkbox"/> AGP	<input type="checkbox"/> IFT
<input type="checkbox"/> Egg drop syndrome (EDS, Adeno 127)	<input type="checkbox"/> ELISA	<input type="checkbox"/> HI	
<input type="checkbox"/> Hemorrhagic enteritis virus (HE)	<input type="checkbox"/> ELISA		
<input type="checkbox"/> Avian encephalomyelitis virus (AE)	<input type="checkbox"/> ELISA		
<input type="checkbox"/> Avian leukosis virus subgroup A/B (ALV)	<input type="checkbox"/> ELISA		
<input type="checkbox"/> Avian leukosis virus subgroup J (ALV-J)	<input type="checkbox"/> ELISA		
<input type="checkbox"/> Avian leukosis virus antigen (LL-AG)	<input type="checkbox"/> ELISA		
<input type="checkbox"/> Avian rhinotracheitis virus type A and B (ART/TRT/AmPV)	<input type="checkbox"/> ELISA		
<input type="checkbox"/> Chicken anemia virus (CAV)	<input type="checkbox"/> ELISA		
<input type="checkbox"/> Infectious bronchitis virus (IB)	<input type="checkbox"/> ELISA	<input type="checkbox"/> AGP	
<input type="checkbox"/> IB-serotyping (Mikro-SN) for:	<input type="checkbox"/> H 120	<input type="checkbox"/> D-274	<input type="checkbox"/> D-1466 <input type="checkbox"/> 4/91 <input type="checkbox"/> China QX
<input type="checkbox"/> Infectious bursal disease virus (Gumboro/IBD)	<input type="checkbox"/> ELISA	<input type="checkbox"/> Vaccination time point (ELISA)*	<input type="checkbox"/> AGP
<input type="checkbox"/> Gumboro serotype 1	<input type="checkbox"/> Mikro-SN		
<input type="checkbox"/> Gumboro serotype 2	<input type="checkbox"/> Mikro-SN		
<input type="checkbox"/> Gumboro VP2 (Vaxxitek)	<input type="checkbox"/> ELISA		
<input type="checkbox"/> Infectious laryngotracheitis virus (ILT)	<input type="checkbox"/> ELISA		
<input type="checkbox"/> Avian influenza A virus (AI)	<input type="checkbox"/> ELISA	<input type="checkbox"/> AGP	
<input type="checkbox"/> Avian influenza A virus, subtypes H1, H3, H5, H6, H7, H9	<input type="checkbox"/> HI	<input type="checkbox"/> Subtype: _____	
<input type="checkbox"/> Marek disease virus (MHV)	<input type="checkbox"/> AGP		
<input type="checkbox"/> Mycoplasma gallisepticum (Mg)	<input type="checkbox"/> ELISA	<input type="checkbox"/> RSA	
<input type="checkbox"/> Mycoplasma synoviae (Ms)	<input type="checkbox"/> ELISA	<input type="checkbox"/> RSA	
<input type="checkbox"/> Mg/Ms-Kombi	<input type="checkbox"/> ELISA		
<input type="checkbox"/> Mycoplasma meleagridis (Mm)	<input type="checkbox"/> ELISA		
<input type="checkbox"/> Newcastle disease virus (NDV/PMV-1)	<input type="checkbox"/> ELISA	<input type="checkbox"/> HI	
<input type="checkbox"/> Avian paramyxovirus type 2 (PMV-2)	<input type="checkbox"/> HI		
<input type="checkbox"/> Avian paramyxovirus type 3 (PMV-3)	<input type="checkbox"/> HI		
<input type="checkbox"/> Ornithobacterium rhinotracheale (ORT)	<input type="checkbox"/> ELISA		
<input type="checkbox"/> Pasteurella multocida (PM)	<input type="checkbox"/> ELISA		
<input type="checkbox"/> Avian orthoreovirus	<input type="checkbox"/> ELISA	<input type="checkbox"/> AGP <input type="checkbox"/> IFT	
<input type="checkbox"/> Reticuloendotheliosis virus (REV)	<input type="checkbox"/> ELISA	<input type="checkbox"/> IFT	
<input type="checkbox"/> Salmonella gallinarum/pullorum	<input type="checkbox"/> RSA		
<input type="checkbox"/> Salmonella enteritidis/typhimurium combi	<input type="checkbox"/> ELISA		
<input type="checkbox"/> Avian hepatitis E virus (HEV)	<input type="checkbox"/> ELISA		

Remarks: _____

Date: _____ Veterinary surgeon/sender: _____ Invoice recipient (if not veterinary surgeon/sender): _____

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Our general terms and conditions apply. They can be found on our web site.

V1/09/2013

SAMPLE SUBMISSION FORM VETERINARY LABORATORY
Serology

