	Veterinary surgeon / Sender	Farmer	Invoice to:	Results to:
Name:			☐ Vetlabor	☐ Vetlabor
Street:			☐ Sender	☐ Sender
Postal code / city:			☐ Farmer	☐ Farmer
Phone:			☐ by e-mail	☐ by e-mail
Fax:			☐ by Fax	☐ by Fax
e-mail:			☐ by Post	☐ by Post

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

Material:

Signs of disease:

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

Microbiological testing of feed

- ☐ Total bacterial count
- ☐ Enterobacteriaceae, selective bacterial count
- ☐ Yeast and mold, selective bacterial count
- ☐ Clostridium spp., selective bacterial count
- ☐ Coliform, selective bacterial count

Hygiene control / Airsampler

- ☐ Contact plates (total bacterial count)
- ☐ Contact plates (yeast and mold)
- ☐ Surface swabs (total bacterial count)
- ☐ Surface swabs (yeast and mold)
- ☐ Airsampler (total bacterial count)
- ☐ Airsampler (yeast and mold)

Microbiological testing of animal drinking water

- ☐ Total bacterial count
- ☐ Enterobacteriaceae, selective bacterial count
- ☐ Yeast and mold, selective bacterial count
- ☐ Staphylococcus spp., selective bacterial count
- ☐ Clostridium spp., selective bacterial count
- ☐ Coliform, selective bacterial count
- ☐ Enterococcus spp., selective bacterial count
- ☐ Pseudomonas spp., selective bacterial count

Remarks:

Additional special examinations are possible on request.

Date | **Veterinary surgeon/sender** | **Invoice recipient (if not veterinary surgeon/sender)**

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V1/09/2013

SAMPLE SUBMISSION FORM VETERINARY LABORATORY
Testing of Feed and Drinking Water
Hygiene Control

LOHMANN TIERZUCHT