Meritha's Veterinaire Onderzoeks Laboratorium

Submissionform Laboratory Examination MVOL

Please print out and fill in and sent with sample

Adress: Laboratory MVOL, Christinastraat 2A, 5615 RK, Eindhoven, The Netherlands

Name Sender : _____

Adress : _____

Zipcode : _____

State + Country : _____

Phone Number : _____

Email : _____

Name Owner : _____

Adress : _____

Zipcode : _____

State + Country : _____

Phone Number : _____

Email : _____

To be completed by MVOL

Number LAB- Examination : _____

Date Received : ___/___/20___

Examinations (Mark) : ☐ Serology ELISA

☐ PDD / ☐ PBFD / ☐ Polyoma / ☐ Chlamydia / ☐ Pacheco *

☐ PCR- Examinations

☐ PDD / ☐ PBFD / ☐ Polyoma / ☐ Chlamydia / ☐ Pacheco / ☐ Sex *

☐ Parasitology; Skin / Hair

☐ Feaces; Worm- eggs

☐ Sand

☐ Other; _____

☐ Bacteriology

☐ Other; _____

_____

Submission Date : ___/___/20___

Collection Date: ___/___/20___

Anamnese:

(Mark)

☐ Fulllbloed (Cat. 3) ☐ Serum/ plasma (Cat. 3) ☐ Cloaca swab (Cat. 3) ☐ Feathers (Cat. 3) ☐ Feaces (Cat. 2) ☐ Skin/ hair (Cat. 3) ☐ Other (Cat. 3); _____

Animal Species	Identification (Ringnumber/ Chipnumber)	Birth Date	Sex
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Certificate ☐ (+ € 8,75 Excl. VAT)

The undersigned, sender of the research material, declares to renounce from the material and to pay the costs of the research/testing

Payment: After completion of the research you will receive the results and an invoice by email. Choose the payment method below

☐ Transfer the amount due to the bank account number NL81 RABO 0327 7653 80 of M.E. van Lit/ MVOL.

☐ Paypal

Date: ___/___/20___ Signature : _____