



Application of Examination date: MicroBioS Nr. /
from Laboratory

Client:	To charge for:	Client
Address:	other:	
Telephon/FAX:	Report on:	
e-mail:		

Study-Nr.		Number Probes/animals			Check examination (KU)
Animal-Nr./ID		Age			Entrance examination (EU)
Species/-strain		Sex (m/f)			Special examination (SU)
Keeping/Origin		Sentinel:	yes / no		Quarantine (QU)

Examination material:	Examination assessment: <small>CAE = Complete-Animal-Examination</small>																
Animal	CAE FELASA 2002, Quartar																
Organ	CAE FELASA 2002, Annual																
Excrement	(excl. Helicobacter)																
Blood																	
Sera	CAE FELASA 2014, Quartar																
Smear	CAE FELASA 2014, Annual																
Urine	(excl. Helicobacter)																
Cell line																	
others																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Bacteriology</td> <td style="width: 30%;">Serology</td> </tr> <tr> <td>Helicobacter PCR</td> <td>Sero, Quartar</td> </tr> <tr> <td></td> <td>Sero, Annual</td> </tr> <tr> <td>Parasitology</td> <td>Encephalitozoon</td> </tr> <tr> <td>Ectoparasites</td> <td>Toxoplasmose</td> </tr> <tr> <td>Endoparasites</td> <td>Hanta-Virus</td> </tr> <tr> <td>Fungi</td> <td></td> </tr> <tr> <td>Pneumocystis spp.</td> <td>PCR - Test</td> </tr> </table>	Bacteriology	Serology	Helicobacter PCR	Sero, Quartar		Sero, Annual	Parasitology	Encephalitozoon	Ectoparasites	Toxoplasmose	Endoparasites	Hanta-Virus	Fungi		Pneumocystis spp.	PCR - Test
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Preliminary report / clinical symptoms Animal in experiment **yes** **no** Start End

Sample-identification	Room/Cage Cabin/Box	Animal number/ - ID	Age in Weeks (W) Month(M), Year(Y)	Comment

Date / Sign: