

# Application of examination

date: \_\_\_\_\_ MicroBioS Nr. .... / .....  
from Laboratory

Client:	To charge for:	Client
Address:	other:	
Telephone/FAX:	Report on:	
E-mail:		
PO-No.:		

Study-Nr.	Number samples/animals		Control examination (KU)
Animal-Nr./ID	Age		Entrance examination (EU)
Species/-strain	Sex	♂ <input type="checkbox"/> ♀ <input type="checkbox"/>	Special examination (SU)
Keeping/Origin	Sentinel	yes <input type="checkbox"/> no <input type="checkbox"/>	Quarantine (QU)

Examination material:		Examination assessment:			
Animal		CAE = Complete-Animal-Examination			
Organ		CAE FELASA 2002, quarter	<b>Bacteriology</b>	<b>Serology</b>	
Feces		CAE FELASA 2002, annual (excl. Helicobacter)	Helicobacter PCR	Sero, quarter	
Blood			Sero, annual		
Sera		CAE FELASA 2014, quarter	<b>Parasitology</b>	Encephalitozoon	
Smear		CAE FELASA 2014, annual (excl. Helicobacter) (exkl. Pneumocystis)	Ectoparasites	Toxoplasma	
Urine			Endoparasites	Hanta-Viruses	
Cellline			<b>Fungi</b>		
	← others		Pneumocystis PCR	<b>PCR - Test</b>	
others:					

**Remarks:**  
Reason for examination:  
Observed symptoms:  
Others:

Sample-identification	Room/Cage	Animal number/ - ID	Age in weeks (W) month(M), year(Y)	Comment

Date / Signature: .....