

## Application of examination: Direct samples (Blood, pharynx, fur, feces)

Date:

MicroBioS No. .... / .....  
added by the Lab

<b>Client:</b>	Invoice to:	Client
Address:	other:	
Phone/FAX:	Report to:	
E-mail:		
PO-No.:		

Reference No.	No. sampled animals			Control examination (KU)
Animal No. /ID	Age			Entrance examination (EU)
Species/ strain	Sex	m:	f:	Special examination (SU)
Facility/origin	Sentinel	Yes:	No:	Quarantine (QU)

**Sample material (please tick where appropriate):**

<input type="checkbox"/>	Pharynx swab for Bact.	<input type="checkbox"/>	Pharynx swab for PCR	<input type="checkbox"/>	Blood (DBS; Dry Blood Spot)	<input type="checkbox"/>	Blood / Serum
<input type="checkbox"/>	Feces for Bact.	<input type="checkbox"/>	Feces for PCR	<input type="checkbox"/>	Fur swab (Sticky swab)	<input type="checkbox"/>	
<input type="checkbox"/>	Others:						

**Analysis request (please tick where appropriate):**

**FELASA-2014-Packages:**

<input type="checkbox"/>	<b>Quarterly Bact.-Profile</b>	(Includes: pharynx bacteriology, blood serology, feces PCR (excl. <i>Helicob.</i> ), fur PCR)	<b>PLUS Optional:</b> Feces PCR Helicobacter (please tick below)
<input type="checkbox"/>	<b>Quarterly PCR-Profile</b>	(Includes: pharynx PCR, blood serology, feces PCR (excl. <i>Helicob.</i> ), fur PCR)	
<input type="checkbox"/>	<b>Yearly Bact.-Profile</b>	(Includes: pharynx bacteriology, blood serology, feces PCR (excl. <i>Helicob.</i> ), fur PCR)	
<input type="checkbox"/>	<b>Yearly PCR-Profile</b>	(Includes: pharynx PCR, blood serology, feces PCR (excl. <i>Helicob.</i> ), fur PCR)	

**Single analyses:**

<input type="checkbox"/>	Pharynx bacteriology	<input type="checkbox"/>	Pharynx PCR (quarterly)	<input type="checkbox"/>	Pharynx PCR (yearly)	<input type="checkbox"/>	Fur PCR (Ectoparasites)
<input type="checkbox"/>	Feces PCR (Protozoa)	<input type="checkbox"/>	Feces PCR (Spirochela)	<input type="checkbox"/>	Feces PCR (Helicob.+Diff.)	<input type="checkbox"/>	Feces PCR (Helicob, no Diff.)
<input type="checkbox"/>	Feces PCR (Helminths)	<input type="checkbox"/>	Feces bacteriology	<input type="checkbox"/>	Blood serology (quarterly)	<input type="checkbox"/>	Blood serology (yearly)
<input type="checkbox"/>	Others:						

Abbreviations: Bact. = Bacteriology; Helicob. = Helicobacter sp.; Diff. = Differentiation

**Remarks:** Is the animal in experiment yes  no

Reason for examination:  
Observed symptoms:  
Others:

Sample identification	Room/cage	Animal number/ animal ID	Age in weeks (w) Months (m), years (y)	Remarks

Date / Signature: .....