

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	Bacteriology	Serology	
Feces		CAE FELASA 2002, annual (excl. Helicobacter)	Helicobacter PCR	Sero, quarter	
Blood			Sero, annual		
Sera		CAE FELASA 2014, quarter	Parasitology	Encephalitozoon	
Smear		CAE FELASA 2014, annual (excl. Helicobacter) (exkl. Pneumocystis)	Ectoparasites	Toxoplasma	
Urine			Endoparasites	Hanta-Viruses	
Cellline			Fungi		
	← others		Pneumocystis PCR	PCR - Test	
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: