

# DIAGNOSTIC REQUEST POULTRY



AniCon Labor GmbH

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Date



For shipments from EU member states: please state your tax reference number (VAT).

### VET CLINIC

Veterinarian

Clinic

Address

Address

Phone

Fax

E-Mail

### PRODUCER

Name

Site/Barn

Address

Phone

Fax

E-Mail

### LAB-NO. OF THE SAMPLE (SENDER)

Send Results to  Veterinarian  Producer

Send copy of results to:

Send Bill to  Veterinarian  Producer

### POULTRY TYPE

- Commercial Layer     Goose     Parent Stock  
 Broiler (Chicken)     Fowl  
 Turkey  
 Duck

### NECROPSY REQUEST

- Targeted Sample-Taking  
 Pathological-anatomical Examination (Necropsy + Detailed Report)

### CASE/HISTORY

Date of Hatch / Age

### SUBMITTED SAMPLES

Carcass

Part(s) of Carcass

Organ(s):

Trachea

Lung

Heart

Liver

Spleen

Brain

Gut

Other: .....

Swabs from .....

Faeces Sample

Sock Swabs

Blood / Serum

Other: .....

### DIAGNOSTIC REQUEST

- Bacteriology (Aerobic/Anaerobic)    Serology     PCR  
 Special Bacteriological Request .....  ELISA: .....  
 Sensitivity Testing     HI: .....  
      ADT\* (qualitatively)     Serum Agglutination Test: .....  
      MIC\* (qualitatively und quantitatively)     .....  
 no further typing     samples shall not be pooled  
     (> only bacteriology + sensitivity testing)  
 Mycology     samples shall be pooled as follows:  
 Cultural Virus Isolation .....  
 Parasitology .....

\* ADT: Agar Diffusion Test; MIC: Minimal Inhibition Concentration

Safe Isolates for Autogenous Vaccine?  Yes  No

### Further Instructions/Notes (e.g. Address of Animal Owner in case of Isolates for Vaccines)

Signature of Sender

To be filled in by AniCon Labor GmbH:

Zustand der Einsendung

Eingangsdatum

Paketdienst

Annahme (Kürzel)