

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

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