

DIAGNOSTIC REQUEST POULTRY



AniCon Labor GmbH

AniCon Labor GmbH

Muehlenstraße 13 | 49685 Hoeltinghausen

Phone: (+ 49) 44 73 - 94 38 52

Fax: (+ 49) 44 73 - 94 38 791

www.anicon.eu

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 Bill to Veterinarian Producer

Send copy of results to:

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

Paketdienst

Eingangsdatum

Annahme (Kürzel)