	Veterinary surgeon / Sender	Farmer			Invoice to:	R	esults to:	
Name:					Vetlabor		Vetlabor	
Street:					Sender		Sender	
Postal code / city:					Farmer		Farmer	
Phone:					by e-mail		by e-mail	
Fax:					by Fax		by Fax	
e-mail:					by Post		by Pax	
Sampling date:	Number of samples: A	ge:		Breed: Species:	5) 1 650		J 59 1 030	
Material:		ge. 						
Signs of disease:	Please tick bo	ov(es) for te	oct(c	:) required		_		
	Bacteriology / Mycology	ار <i>دی</i> ادا اد	دعدرع	Parasitologica	l examination			
Culture aerob				Worm eggs and coccidia (qualitative)				
Culture anaerob/ microaerophil			Worm eggs and coccidia(quantitative)					
Selective culture for :			Bird mites: Evaluation of traps					
Enteroco	ccus spp.	L						
Campylobacter spp.				Virology (embryo culture)				
Staphylococcus spp.			Virus culture					
Escherichia coli (E. coli)			Virus titration (e.g. vaccines)					
Pseudom	onas spp.	L						
Avibacter	rium paragallinarum (Coryza)			Virology (tiss	ue culture)			
Yeast and mold			Virus culture					
Follow up of positive culture detection:			Virus titration (e.g. vaccines)					
	erotyping (O1; O2; O78:K80)	L						
Identification of Escherichia coli extended spectrum beta-lactamase (ESBL)				Storage and forwarding of bacterial and viral isolates				
Identification of staphylococcus aureus			Storage of isolates (chargeable)					
Identification of methicillin resistant staphylococcus aureus (MRSA)			Forwarding of isolates for production of autogenous vaccines					
Biochemical differentiation of bacteria (API)				Rema	rks:			
Sensitivity tes	st (minimal inhibitory concentration, MIC)							
Salmonella de	etection and typing	_						
Culture prepa	aration and selective enrichment on MSRV (according to Regulation (EC)	2160/2003)						
Culture preparation and selective enrichment with RV & BPLS/XLD culture			Post mortem examination					
Differentiation of salmonella vaccine and field strains			Pathology					
Serotyping of salmonella isolates (Kaufmann - White - scheme)			Histopathology (by a partner laboratory)					
Remarks:								
Date	Veterinary surgeon/sender			Invoice reginient (if not us	atorinary curocon/o	-ond	or)	
Date	veterinary surgeon/sender			Invoice recipient (if not ve	ctermary surgeon/s	end	C1 <i>)</i>	

 LDG Laboratory Diagnostics Germany GmbH
 Abschnede 64 | 27472 Cuxhaven | Germany

 Phone + 49 (0) 47 21 707 244 | Fax + 49 (0) 47 21 707 267
 Email info@labdiag-de.com | labdiag-de.com

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SAMPLE SUBMISSION FORM LABORATORY DIAGNOSTIC



