

Veterinary surgeon / Sender		Farmer	Invoice to: Results to:	
Name:			<input type="checkbox"/> Vetlabor	<input type="checkbox"/> Vetlabor
Street:			<input type="checkbox"/> Sender	<input type="checkbox"/> Sender
Postal code / city:			<input type="checkbox"/> Farmer	<input type="checkbox"/> Farmer
Phone:			<input type="checkbox"/> by e-mail	<input type="checkbox"/> by e-mail
Fax:			<input type="checkbox"/> by Fax	<input type="checkbox"/> by Fax
e-mail:			<input type="checkbox"/> by Post	<input type="checkbox"/> by Post

Sampling date: _____ Number of samples: _____ Age: _____ Breed: _____ Species: _____

Material: _____

Signs of disease: _____

Please tick box(es) for test(s) required

Microbiological testing of feed

- ☐ Total bacterial count
- ☐ Enterobacteriaceae, selective bacterial count
- ☐ Yeast and mold, selective bacterial count
- ☐ Clostridium spp., selective bacterial count
- ☐ Coliform, selective bacterial count

Hygiene control / Airsampler

- ☐ Contact plates (total bacterial count)
- ☐ Contact plates (yeast and mold)
- ☐ Surface swabs (total bacterial count)
- ☐ Surface swabs (yeast and mold)
- ☐ Airsampler (total bacterial count)
- ☐ Airsampler (yeast and mold)

Microbiological testing of animal drinking water

- ☐ Total bacterial count
- ☐ Enterobacteriaceae, selective bacterial count
- ☐ Yeast and mold, selective bacterial count
- ☐ Staphylococcus spp., selective bacterial count
- ☐ Clostridium spp., selective bacterial count
- ☐ Coliform, selective bacterial count
- ☐ Enterococcus spp., selective bacterial count
- ☐ Pseudomonas spp., selective bacterial count

Remarks:

Additional special examinations are possible on request.

Date

Veterinary surgeon/sender

Invoice recipient (if not veterinary surgeon/sender)

LDG Laboratory Diagnostics Germany GmbH Abschnede 64 | 27472 Cuxhaven | Germany
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Our general terms and conditions apply. They can be found on our web site.

V1/09/2013

SAMPLE SUBMISSION FORM
LABORATORY DIAGNOSTIC
 Testing of Feed and Drinking Water
 Hygiene Control

