

Veterinary surgeon/Sender

Farmer

Invoice to: Results to:

Name:			<input type="checkbox"/>	Sender	<input type="checkbox"/>	Sender
Street:			<input type="checkbox"/>	Farmer	<input type="checkbox"/>	Farmer
Postal code / city:			<input type="checkbox"/>	by e-mail	<input type="checkbox"/>	by e-mail
Phone:			<input type="checkbox"/>	by Fax	<input type="checkbox"/>	by Fax
Fax:			<input type="checkbox"/>	by Post	<input type="checkbox"/>	by Post
e-mail:						

Sampling date:	Number of samples:	Age:	Breed:	Species:
Material:				
Signs of disease:				

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

**Bacteriology/Mycology**

- Culture aerob
- Culture anaerob/microaerophil
- Selective culture for:
  - Enterococcus spp.
  - Campylobacter spp.
  - Staphylococcus spp.
  - Escherichia coli (E. coli)
  - Pseudomonas spp.
  - Avibacterium paragallinarum (Coryza)
- Yeast and mold

- Follow up of positive culture detection:
  - Escherichia coli serotyping (01; 02; 08, 018, 078:K80, 0125, 0157)
  - Identification of Escherichia coli extended spectrum beta-lactamase (ESBL)
  - Identification of Staphylococcus aureus
  - Identification of methicillin resistant Staphylococcus aureus (MRSA)
  - Biochemical differentiation of bacteria (API)
  - Sensitivity test (minimal inhibitory concentration, MIC)

- Salmonella detection and typing
  - Culture preparation and selective enrichment on MSR/V
  - Culture preparation and selective enrichment via RV & BPLS/XLD culture
  - Differentiation of Salmonella vaccine and field strains
  - Serotyping of Salmonella isolates (Kauffmann-White-Scheme)

**Parasitological examination**

- Worm eggs and coccidia (qualitative)
- Worm eggs and coccidia (quantitative)
- Bird mites: Evaluation of traps

**Virology (embryo culture)**

- Virus culture
- Virus titration (e.g. vaccines)

**Virology (tissue culture)**

- Virus culture
- Virus titration (e.g. vaccines)

**Storage and forwarding of bacterial and viral isolates**

- Storage of isolates (chargeable)
- Forwarding of isolates for production of autogenous vaccines

**Remarks:**

Remarks:

**Post mortem examination**

- Pathology
- Histopathology (by partner laboratory)

Date	Veterinary surgeon/sender	Invoice recipient (if not veterinary surgeon/sender)
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# SAMPLE SUBMISSION FORM

Bacteriology/Mycology | Parasitology | Pathology | Virology



**L A B O R A T O R Y**  
**D I A G N O S T I C S**  
 G E R M A N Y