

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

**Serology**

Fowl adenovirus (FAdV)	ELISA	AGP	IFT	Micro-SN	
Egg drop syndrome (EDS, Adeno 127)	ELISA	HI			
Hemorrhagic enteritis virus (HEV)	ELISA				
Avian encephalomyelitis virus (AE)	ELISA				
Avian leukosis virus subgroup A/B (ALV-A/b)	ELISA				
Avian leukosis virus subgroup J (ALV-J)	ELISA				
Avian leukosis virus antigen (LL -AG)	ELISA				
Avian rhinotracheitis virus (ART/TRT/AmPV)	ELISA				
Chicken anemia virus (CAV)	ELISA				
Infectious bronchitis virus (IB)	ELISA	AGP			
IB-serotyping (Mikro-SN) for:	H 120	D-274	D-1466	4/91	China QX
Infectious bursal disease virus (Gumboro/IBD)	ELISA	Vaccination time point estimation			AGP
Gumboro serotype 2	Micro-SN				
Gumboro VP2 (Vaxxitek)	ELISA				
Infectious laryngotracheitis virus (ILT)	ELISA				
Avian influenza A virus (AI)	ELISA	AGP			
Avian influenza A virus, subtypes H1, H3, H5, H6, H7, H9	HI	Subtype:			
Marek disease virus (MHV)	AGP				
Mycoplasma gallisepticum (Mg)	ELISA	RSA			
Mycoplasma synoviae (Ms)	ELISA	RSA			
Mg/Ms-combi	ELISA				
Newcastle disease virus (NDV/ PMV-1)	ELISA	HI			
Avian paramyxovirus type 2 (PMV-2)	HI				
Avian paramyxovirus type 3 (PMV-3)	HI				
Ornithobacterium rhinotracheale (ORT)	ELISA				
Pasteurella multocida (PM)	ELISA				
Avian orthoreovirus (REO)	ELISA	AGP			
Reticuloendotheliosis virus (REV)	ELISA	IFT	IFT		
Salmonella gallinarum/pullorum	RSA				
Salmonella enteritidis/typhimurium combi	ELISA				
Avian hepatitis E virus (BLS)	ELISA				

Remarks:

Date	Veterinary surgeon/sender	Invoice recipient (if not veterinary surgeon/sender)
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**LDG Laboratory Diagnostics Germany GmbH** | Abschnede 64 | 27472 Cuxhaven | Germany  
 Phone + 49 (0) 47 21 707 0 | Fax + 49 (0) 47 21 707 267 | Email info@labdiag-de.com | Web labdiag-de.com

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V1.2/02/24

# SAMPLE SUBMISSION FORM

## Serology



**LABORATORY  
DIAGNOSTICS  
GERMANY**