

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

**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
- Coliforms, selective bacterial count
- Enterococcus spp., selective bacterial count
- Pseudomonas spp., selective bacterial count

**Additional special examinations are possible on request**

Remarks:

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 website.

V1.4/02.21

# SAMPLE SUBMISSION FORM

## Testing of Feed and Animal Drinking Water

### Hygiene Control



**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