

Submissionform Laboratory Examination MVOL

(Please print out and fill in and sent with sample)

Name Sender : _____
 Adress : _____
 Zipcode : _____
 State + Country : _____
 Phone Number : _____
 Email : _____

Name Owner : _____
 Adress : _____
 Zipcode : _____
 State + Country : _____
 Phone Number : _____
 Email : _____

Submission Date : _____ / _____ / 20_____

To be completed by MVOL

Number LAB- Examination : _____
 Date Received : _____ / _____ / 20_____

Examinations (Mark) : Serology ELISA
 PDD / PBFD / Polyoma / Chlamydia / Pacheco *
 PCR- Examinations
 PDD / PBFD / Polyoma / Chlamydia / Pacheco / Sex *
 Parasitology; Skin / Hair
 Feaces; Worm- eggs
 Sand
 Other; _____
 Bacteriology
 Mare (Uterus)
 Other; _____

Anamnese:

Animal Species	Identification (Ringnumber/ Chipnumber)	Birth Date	Sex
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Certificate (6,00 euro extra)

Payment: After completion of the research you will receive the results and an invoice by email. Choose the payment method below.

Transfer the amount due to the bank account number NL81 RABO 0327 7653 80 of M.E. van Lit.
 Stating: * With regard to MVOL
 * Naam & Examination- number
 * Date (examination)

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Date: _____ / _____ / 20_____ Signature : _____