

# SUBMISSIONFORM MOLECULAR RESEARCH LABORATORY MVOL

Please print and fill in this form completely. Send a copy together with the samples/research material to the laboratory



Address: Laboratory MVOL, Christinastraat 2a, 5615 RK Eindhoven, The Netherlands

Name Sender : \_\_\_\_\_  
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Name Owner : \_\_\_\_\_  
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 Zipcode : \_\_\_\_\_  
 State + Country : \_\_\_\_\_  
 Phone Number : \_\_\_\_\_  
 Email : \_\_\_\_\_

Submission Date : \_\_\_\_\_ Collection Date \_\_\_\_\_

History

- Fullblood (Cat. 3)  
  Serum/ plasma (Cat. 3)  
  Cloaca swab (Cat. 3)  
  Feathers ((Cat. 3)

\* Fill in S (serology/elisa), P ( for PCR) and B (for both)

Animal Species	Identification)	Birth Date	Gender	PDD*	Pbfd*	Polyoma*	Chlamydia*	Pacheco*	Sexing
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

Certificate  (+ € 8,75 Excl. 21% VAT)

The undersigned, sender of the research material, declares to renounce from the material and to pay the costs of the research/testing.

Date :

Signature: