



Please send this form and the sample(s) to:

Carcasses and organs: Copenhagen University Department of Veterinary and Animal Sciences, Pathobiological Sciences, Sektionsstuen, Ridebanevej 3, DK-1870 Frederiksberg C, DENMARK

Other sample materials: Statens Serum Institut, PDC, B85, Artillerivej 5, DK-2300 Copenhagen S, DENMARK

Customer information (invoice receiver)		Billing address (if different from customer)	
Customer number (if known):		Customer number (if known):	
Organisation:		Organisation:	
Department:		Department:	
Contact name (att):		Finance officer (att):	
Tel:		Tel:	
E-mail:		E-mail:	
Address:		Address:	
Country:		Country:	
NB! We only supply diagnostic results to veterinarians. Please state and confirm your profession.		VAT no. (EU- countries):	
..... Profession		NB! For veterinary diagnostics, we do not bill any third party (e.g. animal owners). We only bill healthcare professionals or their organizations.	
..... Signature			

Reason for sampling and relevant clinical information	
Export <input type="checkbox"/>	Relevant clinical information:
Surveillance <input type="checkbox"/>	
Other:	

Information about sample material	
Species/breed:	Material: <input type="checkbox"/> Carcass/organs <input type="checkbox"/> Blood <input type="checkbox"/> Feces <input type="checkbox"/> Tissue <input type="checkbox"/> Serum Other: Amount submitted:
Animal ID*:	
Date of sampling:	
Sample ID*:	
Reference/owner:	
Country of origin:	
Country of submission:	

* If more than one sample fill in page two.

Requested analysis/analyses	
	<input type="checkbox"/> Other analysis/analyses:

Date:	Signature*:
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*When ordering an analysis at SSI, you confirm that you agree to the terms set forth in our [General conditions of sales, delivery and service](#).

Full payment is required by wire transfer: Remember to include the sample ID.



Information about sample materiale

Nr.	Animal ID:	Sample ID:
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