



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:	
<b>NB! We only supply diagnostic results to veterinarians. Please state and confirm your profession.</b>		VAT no. (EU- countries):	
..... Profession		<b>NB! For veterinary diagnostics, we do not bill any third party (e.g. animal owners). We only bill healthcare professionals or their organizations.</b>	
..... 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	
<b>Leptospira antibody</b>	<input type="checkbox"/> PRRSV antibody, ELISA, no differentiation (9085)
<input type="checkbox"/> L. icterohaemorrhagiae (9041)	<input type="checkbox"/> PRRSV antibody, type 1, IPMA (9310)
<input type="checkbox"/> L. pomona (9048)	<input type="checkbox"/> PRRSV antibody, type 2, IPMA (9311)
<input type="checkbox"/> L. grippityphosa (9049)	
<input type="checkbox"/> L. bataviae (9050)	<input type="checkbox"/> Porcine epidemic Diarrhea (PED) antibody (9168)
<input type="checkbox"/> L. tarassovi (9051)	<input type="checkbox"/> Pasteurella multocida toxin PCR (9337)
<input type="checkbox"/> L. bratislava (9055)	
<input type="checkbox"/> L. other type:	<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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