



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):                                                                                                                                  |  |
| .....<br>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> |  |
| .....<br>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:<br><input type="checkbox"/> Carcass/organs <input type="checkbox"/> Blood <input type="checkbox"/> Feces <input type="checkbox"/> Tissue <input type="checkbox"/> Serum<br><br>Other: .....<br><br>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"/> Bovine Virus Diarrhea (BVD) antibody (9092, 9093, 9094)                          |
| <input type="checkbox"/> L. icterohaemorrhagiae (9041) | <input type="checkbox"/> Enzootic Bovine Leukosis (EBL) antibody (9222, 9223)                             |
| <input type="checkbox"/> L. canicola (9043)            | <input type="checkbox"/> Infective Bovine Rhinotracheitis (IBR) antibody (9126, 9127, 9128)               |
| <input type="checkbox"/> L. hardjo (9046)              | <input type="checkbox"/> Schmallenberg (SBV) ELISA (9166)                                                 |
| <input type="checkbox"/> L. pomona (9048)              | <input type="checkbox"/> Schmallenberg (SBV) NT (9198), Schmallenberg (SBV) NT-5/more (9239)              |
| <input type="checkbox"/> L. grippotyphosa (9049)       | <input type="checkbox"/> Coxiella burnetii (Q-fever) (ELISA) antibody (9066, 9227, 9228)                  |
| <input type="checkbox"/> L. heptomadisi (9056)         |                                                                                                           |
| <input type="checkbox"/> L. other type:                | <input type="checkbox"/> Brucella (Rose Bengal (RBT)) antibody (9062)                                     |
|                                                        | <input type="checkbox"/> Maedi-visna (MV) and caprin arthritis-encephalitis (CAE) (ELISA) antibody (9098) |
|                                                        | <input type="checkbox"/> Border disease (BDV) antibody (9207)                                             |
|                                                        | <input type="checkbox"/> Other analysis/analyses:                                                         |

|       |             |
|-------|-------------|
| Date: | Signature*: |
|-------|-------------|

\*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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