UNIVERSITÄT LEIPZIG
Institut für Virologie | Veterinärmedizin

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Submitter (seal):

Animal owner (precise address):

_____

_____

_____

Information regarding the Animal:

_____

Species/Race Name Age

Specimen (please mark):

☐ EDTA-Blood ☐ Plasma ☐ Serum ☐ Feces ☐ Urine ☐ Feather

☐ Lithium-Heparin-Blood ☐ CSF ☐ FTA card ☐ Swab sample: _____

☐ Organ material: _____ ☐ other: _____

Pool Analysis: ☐ no ☐ yes: _____

Sampling Date: _____

latest Vaccination/Date: _____

requested Examination (please mark):

☐ RT-/PCR	☐ Serology	☐ cell culture propagation
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____

Sequencing upon positive Result: ☐ no ☐ yes

Anamnesis and clinical Diagnosis:

_____

_____

_____

Report to: ☐ Submitter ☐ animal owner ☐ external client: _____

Invoice to: ☐ Submitter ☐ animal owner ☐ external client: _____

_____

Place Date Signature

Information in accordance with Articles 13, 14 and 21 of the Basic Data Protection Regulation (DSGVO) can be found on our homepage at http://virologie.vetmed.uni-leipzig.de