|  |  |  |  |
| --- | --- | --- | --- |
| For Wageningen Bioveterinary Research use only | | | |
| Unpack | Registration | Control registration | Requestnumber |
|  |  |  |  |

**Order form horse (horse family)**

Please fill in the form as complete as possible

**Contractor:**

|  |  |
| --- | --- |
| Client number1 |  |
| Name\* |  |
| Address\* |  |
| Postal code\* |  |
| City\* |  |
| Country\* |  |
| VAT number |  |
| E-mail address |  |

**Owner:**

|  |  |
| --- | --- |
| Name\* |  |
| Address\* |  |
| Postal code\* |  |
| City\* |  |
| Country\* |  |
| E-mail address |  |
| Client number |  |

**Species\*:** HorseOther, i.e.        
  
**Your Reference:**Your reference will be listed at the report and the invoice

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| **Export country** |  | | | | | | | |
|  |  |  |  |  |  | | | |
| **Export date** |  | - |  | - |  | | | |
|  | dd |  | mm |  | yyyy | | | |
| Sampling date |  | - |  | - |  | | | |
|  | dd |  | mm |  | yyyy | | | |
| Sampling time |  | : |  |  |  |  |  |  |
|  | hr |  | min |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Report to:** | |  |
|  | Contractor (always) | |  |
|  | Extra report to: | |  |
|  | Client number1 |  |  |
|  | Name |  |  |
|  | Address |  |  |
|  | Postal code |  |  |
|  | City |  |  |
|  | E-mail address |  |  |
|  | **Report in English instead of Dutch** | |  |

**Reason for submission\*:** Export  
ScreeningBreedingOther, nl.      

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|  | **Invoice to:** (Unless indicated below the contractor will receive the invoice and therefore the contractor is responsible for the correct billing) | | |  |
|  | **Contractor** | | |  |
|  | **Owner** | Agreed by owner |  |  |
|  | Client number1 |  | |  |
|  | VAT number: |  | |  |
|  | Date: |  | |  |
|  | Signature owner: |  | |  |
|  | **Other**: | | |  |
|  | Client number1,2 |  | |  |
|  | Name2 |  | |  |
|  | Address2 |  | |  |
|  | Postal code2 |  | |  |
|  | City2 |  | |  |
|  | E-mail address2 |  | |  |
|  | Date2: |  | |  |
|  | Signature2: |  | |  |
|  |  | | |  |

**Remarks:**      

**Contractor**(By signing of this submission form you agree with [the Conditions of Acceptance of Wageningen Bioveterinary Research and the General Conditions of Wageningen University & Research](http://www.wur.nl/nl/show/Acceptatiebeleid-WBVR-en-Alg-voorwaarden-WUR-.htm))

|  |  |
| --- | --- |
| Name: |  |
| Date: |  |
| Signature: |  |

**Sample submisson form (Horse)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Please chose one or more options als sample type\*: | | | | | | | |
|  | Blood (serum) |  | Blood (heparine/EDTA) |  | Organ |  | Swab       (number) pieces |
|  | Faeces |  | Sperm |  | Other, i.e.: |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | APP01 | African horse sickness virus serology |  | EIA01 | Equine infectious anaemia virus AGIDT |
|  | BAS01 | Brucella abortus serology CFT |  | EIA03 | Equine infectious anaemia virus ELISA |
|  | BAS06 | Brucella abortus serology MAT |  | EHV01 | Equine herpes virus serology (paired sera only) |
|  | BCB01 | Babesia caballi IFAT (Piroplasmosis) |  |  | 1st sampling date 2nd sampling date |
|  | THE01 | Theileria equi IFAT (Piroplasmosis) |  | LCA01 | Leptospira canicola MAT |
|  | BCB03 | Babesia caballi CFT (Piroplasmosis) |  | LHA01 | Leptospira hardjo MAT |
|  | THE03 | Theileria equi CFT (Piroplasmosis) |  | SAE01 | Salmonella abortus equi serology SAT |
|  | BCB04 | Babesia caballi ELISA (Piroplasmosis) |  | TEQ01 | Tryp. equiperdum CFT (Dourine) |
|  | THE04 | Theileria equi ELISA (Piroplasmosis) |  | TEV01 | Tryp.evansi (Surra) serology (CATT) |
|  | BUM01 | Burkholderia mallei CFT (Glanders) |  | VSV01 | Vesiculaire stomatitis virus serology |
|  | EAV01 | Equine Arteritis Virus VNT (screening) |  | WNV01 | West Nile virus serology |
|  | EAV03 | Equine Arteritis Virus VNT (titration) |  | Horse vaccinated against WNV yes/no1  (if yes order: WNV06) | |
|  | EAV06 | Equine Arteritis Virus VNT (paired) |  | WNV06 | West Nile Virus IgM ELISA |
|  | 1st sampling date  2nd sampling date | |  |  |  |

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|  | CEM02 | T. equigenitalis (CEM) isolation *(swab)* |  |  | EPI02 | Equine piroplasmose smear (*EDTA*) | | |
|  | CEM05 | T. equigenitalis (CEM) PCR *(swab)* |  |  | INF01 | Equine influenza PCR *(swab)* | |  |
|  | EAV02 | Equine Arteritis Virus virusisolation *(sperm)* |  |  | INF03 | Equine influenza PCR (Pool) *(swab)* | |  |
|  | EAV04 | Equine Arteritis Virus PCR *(sperm/swab)* |  |  | TEV02 | Tryp. evansi (Surra) smear (*EDTA*) | | |
|  | EHV02 | Equine Herpes Virus PCR *(swab)* |  |  |  |  | | |
|  |  |  |  |  |  |  | | |
| New swabs due to swarm | | | | | | | | |
| Date\* | |  | Initials\* | | | |  | |

**Our most commonly used serology tests are listed below.***Please select from this list by ticking the boxes, listing other tests in the table below. Please refer to WBVR price list on the website*  
**1 Delete if not applicable  
  
Our most commonly used non serology tests are listed below.***Please select from this list by ticking the boxes, listing other tests in the table below. Please refer to WBVR price list on the website*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Fossa clitoridis | | | | | | | |
|  | **Mare** |  |  | Sinus clitoridis med. | | | | | | |
|  |  | Sinus clitoridis lat. | | | | | |
|  | Always note the animal to be tested below  Only in case of CEM swabs note the sampling place(s) too | |  |  |  | Sinus clitoridis med. +lat. | | | | |
|  | Always note the sampling place on the swab also. | |  |  |  |  | Cervix/dist. cervix | | | |
|  |  |  |  |  |  |  |  | Endometrium | | |
|  |  |  |  |  |  |  |  |  | Urethra | |
|  | Sample identification/chipnumber | Animal name (not obligatory) |  |  |  |  |  |  |  | Other |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
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|  | **Stallion/gelding** | |  | | | Fossa glandis | | | | | | | | | | | | |
|  | Sinus urethralis/urethra | | | | | | | | | | | |
|  | Always note the animal to be tested below  Only in case of CEM swabs note the sampling place(s) too | | | | |  |  | | Penile shealth/Prepuce | | | | | | | | | |
|  | Always note the sampling place on the swab also. | | | | |  |  | |  | | Dist. urethra | | | | | | | |
|  |  | |  | | |  |  | |  | |  | | Pre-ejaculatory fluid | | | | | |
|  |  | |  | | |  |  | |  | |  | |  | | Semen | | | |
|  | Sample identification/chipnumber | | Animal name (not obligatory) | | |  |  | |  | |  | |  | |  | | Other | |
| 1 |  | |  | | |  |  | |  | |  | |  | |  | |  | |
| 2 |  | |  | | |  |  | |  | |  | |  | |  | |  | |
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|  |  | |  |  | | | |  | |  | |  | |  | |  | |  |
| Date \* | |  | Signature \*: | |  | | | | | | | | | | | | | |