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

**Order form Botulism diagnostics feed/food**

Please fill in the form as complete as possible.

**Contractor:**

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

**Your reference:**Your reference will be listed at the report and the invoice

|  |
| --- |
|  |

**Reason for submission:** Screening

**Test :** BTN10 Botulism PCR (C,D)

|  |  |
| --- | --- |
|  | Sample identity |
| 1 |  |
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| Sampling date |  | - |  | - |  |
|  | dd |  | mm |  | yyyy |

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

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

**Remarks:**

**Contractor**(By signing 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: |  |