|  |
| --- |
| 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\*:** [ ] Horse[ ] Other, i.e.

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

|  |
| --- |
|       |

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

|  |  |  |
| --- | --- | --- |
|  | **Report to:** |  |
|  | [x]  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
[ ] Screening[ ] Breeding[ ] Other, nl.

|  |  |  |
| --- | --- | --- |
|  | **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 | [ ]  |       |       |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| [ ]  | 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 belowOnly 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 |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 3 |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 4 |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 5 |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 6 |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 7 |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 8 |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 9 |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 10 |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Stallion/gelding** |  | Fossa glandis |
|  | Sinus urethralis/urethra |
|  | Always note the animal to be tested belowOnly 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 |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 3 |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 4 |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 5 |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 6 |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 7 |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 8 |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 9 |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 10 |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Date \*  |       | Signature \*: |       |