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

**Order form other species**

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\*:** [ ]      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 **Reason for submission\*:** [ ] Export/import
[ ] Screening[ ] Breeding[ ] Early warning[ ] Other, i.e.

|  |  |  |
| --- | --- | --- |
|  | **Report to:** |  |
|  | [ ]  Contractor (always) |  |
|  | [x]  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** |  |
|  | [ ]  **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: |  |  |
|  |  |  |

 **Remark:**

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

 **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: |  |

**Sample submission form**

|  |
| --- |
| Please select one or more sample types by ticking the boxes\*: |
| [ ]  | Blood (serum) | [ ]  | Blood (heparine/EDTA) | [ ]  | Organ | [ ]  | Swab       (number) pieces |
| [ ]  | Faeces | [ ]  | Sperm  | [ ]  | Other, i.e.: |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Art. no. | Description of test |  | Art. no. | Description of test |
| [ ]  |       |       | [ ]  |       |       |
| [ ]  |       |       | [ ]  |       |       |
| [ ]  |       |       | [ ]  |       |       |
| [ ]  |       |       | [ ]  |       |       |
| [ ]  |       |       | [ ]  |       |       |
| [ ]  |       |       | [ ]  |       |       |

**Pleas fill in requested serology test:***Please refer to WBVR price list on the website*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Sample identification |  | Sample identification |  | Sample identification |
| 1 |       | 6 |       | 11 |       |
| 2 |       | 7 |       | 12 |       |
| 3 |       | 8 |       | 13 |       |
| 4 |       | 9 |       | 14 |       |
| 5 |       | 10 |       | 15 |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Art. no. | Description of test |  | Art. no. | Description of test |
| [ ]  |       |       | [ ]  |       |       |
| [ ]  |       |       | [ ]  |       |       |
| [ ]  |       |       | [ ]  |       |       |
| [ ]  |       |       | [ ]  |       |       |
| [ ]  |       |       | [ ]  |       |       |
| [ ]  |       |       | [ ]  |       |       |

**Pleas fill in requested non-serology test:***Please refer to WBVR price list on the website*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Sample identification |  | Sample identification |  | Sample identification |
| 1 |       | 6 |       | 11 |       |
| 2 |       | 7 |       | 12 |       |
| 3 |       | 8 |       | 13 |       |
| 4 |       | 9 |       | 14 |       |
| 5 |       | 10 |       | 15 |       |
| Date \*  |       | Signature \*: |       |