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

**Submission 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 |  |
| 2 |  |
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| --- | --- | --- | --- | --- | --- |
| Sampling date |  | - |  | - |  |
|  | dd |  | mm |  | yyyy |

**Report to:**

Contractor (always)

Extra report to:

|  |  |
| --- | --- |
| Client number# |  |
| 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 number# |  |
| Name |  |
| Address |  |
| Postal code |  |
| City |  |
| E-mail address |  |
| Date: |  |
| Signature: |  |

**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: |  |