

**ANIMAL DATA & DESIRED TEST(S)**

ATTENTION: When sampling for disease testing, please use fresh gloves for each bird

No.	ID/Chip	Species/scientific name	Sex	PBFD*	APV*	Chlamydia	PDD (PCR)*	PDD (ELISA)*	Pacheco*	Aspergillosis	Colour mutat.	Specify colour mutation
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												

**IMPORTANT: copy serial number and/or ID on the sample bag**

- \* PBFD = Circovirus
- \* APV = Polyomavirus
- \* PDD = Bornavirus
- \* Pacheco = Herpesvirus

**OWNER DATA**

Name: .....

First name: .....

Address: .....

.....

E-mail: .....

Phone: .....

Display details on certificate? (select)  yes  no

**SAMPLING**

Sampling date: .....

**Sampler (select)**

Owner

Veterinarian

**REMARKS**

.....

**OWNER SIGNATURE**

Date: .....

**VETERINARIAN STAMP**

**TO BE COMPLETED BY NEORNILAB**

Receipt date: .....

Signature

This order is binding and can only be cancelled after timely contact with the lab. All our services, rates and results are subject to our general terms and conditions. These general terms and conditions are available on request.