



# UNIVERSITÄT LEIPZIG

Institut für Virologie | Veterinärmedizin

Institute of Virology  
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Submitter (seal):

Animal owner (precise address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Information regarding the Animal:

Species/Race

Name

Age

Specimen (please mark):

- EDTA-Blood       Plasma       Serum       Feces       Urine       Feather  
 Lithium-Heparin-Blood  CSF       FTA card       Swab sample: \_\_\_\_\_  
 Organ material: \_\_\_\_\_       other: \_\_\_\_\_

Pool Analysis:       no       yes: \_\_\_\_\_

Sampling Date: \_\_\_\_\_

latest Vaccination/Date: \_\_\_\_\_

requested Examination (please mark):

- |                                  |                                   |   |
|----------------------------------|-----------------------------------|---|
| <input type="checkbox"/> RT-/PCR | <input type="checkbox"/> Serology | <input type="checkbox"/> cell culture propagation |
| 1. _____                         | 1. _____                          | 1. _____  |
| 2. _____                         | 2. _____                          | 2. _____  |
| 3. _____                         | 3. _____                          | 3. _____  |

Sequencing upon positive Result:       no       yes

Anamnesis and clinical Diagnosis:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Report to:       Submitter       animal owner       external client: \_\_\_\_\_

Invoice to:       Submitter       animal owner       external client: \_\_\_\_\_

Place

Date

Signature