



Pathogen testing - sample submission form

MOD029/18P - 23102020

Laboratory use only

Equigerminal order reference

Name (sender)

Address

Email

Phone

VAT Number

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1. Horse name:

Breed:

Colour:

Date of Birth:

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UELN:

Chip Number:

Sex:

Other information:

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Sample type:

Date of sample:

Time of sampling:

Other information:

Blood - EDTA tube

Blood - serum tube

Other

<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

Test requested (not applicable with online order):

Statement of conformity - decision rules to be applied

If needed please request statements of conformity and indicate rules to be applied bellow.

Statement of conformity

Test requested

Rules to be applied

Online order reference:

Date of online order:

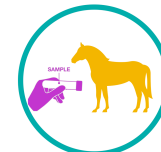
Other information:

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Activation Plan



Collect



Send



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