



# REQUEST FORM CATTLE

For collection of samples: contact Poulpharm via 051 30 41 00 or email [logistiek@poulpharm.be](mailto:logistiek@poulpharm.be)

LAB Number: .....

Receipt date:.....

Trial code:.....

Sampling: Date ...../...../..... Hour: .....

Applicant: .....

CUSTOMER INFORMATION		VETERINARIAN DATA	
Name/Company:	.....	Name:	.....
Address:	.....	Address:	.....
Phone:	.....	Phone:	.....
E-mail:	.....	E-mail:	.....
VAT number:	.....	Stamp and signature:	.....
UBN number:	.....		

GENERAL			
Result to:	<input type="radio"/> Responsible / customer	<input type="radio"/> Veterinarian	<input type="radio"/> Other: .....
Invoice to:	<input type="radio"/> Responsible / customer	<input type="radio"/> Veterinarian	<input type="radio"/> Other: .....
Language:	<input type="radio"/> NL	<input type="radio"/> FR	<input type="radio"/> ENG

MOTIVE			
<input type="radio"/> Purchase (PURC)	Number: .....	<input type="radio"/> Sale (SALE)	Number: .....
<input type="radio"/> Diagnostics (CLIN_DIAG).	Number: .....	<input type="radio"/> Collection (MEET)	Number: .....
<input type="radio"/> Export (EXPO)	Number: .....	<input type="radio"/> Achieve statute (CERT_ACQU).	Number: .....
<input type="radio"/> Recheck (RECO).	Number: .....	<input type="radio"/> Retained status (CERT_MAIN)	Number: .....
<input type="radio"/> Screening (SCRE)	Number: .....	<input type="radio"/> Other: .....	Number: .....

SAMPLE TYPE		SEROLOGY	
<input type="radio"/> Blood (EDTA)	Number: .....	<b>ELISA</b>	
<input type="radio"/> Serum	Number: .....	<input type="radio"/> IBR gE	.....
		<input type="radio"/> IBR gB	.....

GENERAL INFORMATION
The sampler is responsible for correct delivery to the laboratory.
In case of serum samples, these must be submitted to the lab at the latest 7 days after sampling.
In case of EDTA tubes, they must be submitted to the lab as soon as possible after sampling.
In the meantime the samples must be stored at 5°C ± 3°C.

Sample number	Number eartag (8 digits)	Barcode blood tube
1		
2		
3		
4		
5		
6		
7		
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