submission form

type of sample:	ctice	last name: first name: street: postal code country:	s name and a	address	Institut für Infe Tierärztlic Bischofsl 3 Tel.: Fax.:	r Mikrobiologie Zentrum für ektionsmedizin he Hochschule Hannover noler Damm 15 0173 Hannover 0511-856 7520 0511-856-7697 io-hannover.de
animal O dog details:	O cat (. 0	O horse	O cattle	O sheep	O goat
	sample iden	tification:	age:		sex:	
requested analysis**:						
asservation of strain:	O yes	O no				
invoice to: O vete	rinary practice C	animal owner (signature an		e recipient* nailing address	required)	
Befundmitteilung: O fax, O e-ma	ail					
Specify fax-number or e-ma	ail address:					
(date)	(signature veterinarian)		 (siţ	gnature client/ir	 nvoice recipier	 nt)

 ^{*)} An additional fee of 20 percent will be charged for invoices sent to animal owners/other invoice recipients.
**) We reserve the right to adjust the requested analysis for specialist medical reasons, if required. In case of significantly increasing costs consultation will take place with the sender.