

University of Veterinary Medicine Hannover
Field station for epidemiology

Director:
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Laboratory test / Post-mortem examination **request form**

1. Veterinarian

invoice

2. Owner

invoice

Invoice recipient

(if different from 1. or 2.)

surname, first name

surname, first name

surname, first name

street, no.

street, no.

street, no.

postal code

postal code

postal code

telephone and fax number

telephone and fax number

telephone and fax number

Email adresse

Email adresse

Email adresse

Number of pigs: _____

average weight: _____

died

euthanized

brought alive

_____ (number) sick animals / _____ (number) of dead animals of _____ pigs in the group

Duration of symptoms at herd level: < 1 week 1-2 weeks > 3 weeks

Symptoms:

Treatment(s): Antimicrobial substances no yes, how long ago/ what substances:

Vaccination(s): no yes, how long ago/ which vaccination:

Previous laboratory results and/or suspected diagnosis:

Specific instruction for laboratory examination:

Microbiological examination: _____

PCR (please specify which): _____

Histology: _____

Other: _____

Preservation of samples: no yes, which ones

Submission of samples:

Monday to Thursday: 8 – 16.30 am

(Post-mortem examination on delivery till 2 pm; Sample processing on delivery until 15:30)

Friday: 8 – 12 am