# Submission Form

**Vet's Name and Address**

- **Last Name:** [Blank]
- **First Name:** [Blank]
- **Street:** [Blank]
- **Postal Code, City:** [Blank]
- **Country:** [Blank]

## Animal Details

- [ ] Dog
- [ ] Cat
- [ ] Pig
- [ ] Horse
- [ ] Cattle
- [ ] Sheep
- [ ] Goat
- [ ] Other: 
  
## Sample Identification

- **Age:** [Blank]
- **Sex:** [Blank]

## Case History (Essential for Reliable Analysis)

- **Antimicrobial Treatment?**  
  - [ ] No
  - [ ] Yes (When) [Date]  
    - Antibiotics Used: [Details]

## Requested Analysis**:

- [ ] [Content]

## Asservation of Strain

- [ ] Yes
- [ ] No

**Invoice To:**

- [ ] Veterinary Practice
- [ ] Animal Owner/Other Invoice Recipient*  
  
*Signature and Complete Mailing Address Required*

## Befundmitteilung

- [ ] Fax
- [ ] Email

**Specify Fax Number or E-mail Address:** [Details]

## Date

- [ ] [Date]

## Signature

- **Veterinarian:** [Signature]
- **Client/Invoice Recipient:** [Signature]

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*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.