



## SUBMISSION FORM PCR SAMPLES EQUINE (not for post-mortem material)

Number of samples: \_\_\_\_\_ Authorisation: Receipt sticker: \_\_\_\_\_ Submission number: **Te be filled out by GD**

<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; text-align: center;">Abscess content <input type="checkbox"/></td> <td style="width:15%; text-align: center;">Biopt <input type="checkbox"/></td> <td style="width:15%; text-align: center;">EDTA <input type="checkbox"/></td> <td style="width:15%; text-align: center;">Faeces <input type="checkbox"/></td> <td rowspan="2" style="width:15%; text-align: center; vertical-align: middle;">Date</td> <td rowspan="2" style="width:30%; text-align: center; vertical-align: middle;">Leave this box blank</td> </tr> <tr> <td style="text-align: center;">Semen <input type="checkbox"/></td> <td style="text-align: center;">Lavage <input type="checkbox"/></td> <td style="text-align: center;">Swab <input type="checkbox"/></td> <td style="text-align: center;">Urine <input type="checkbox"/></td> <td style="text-align: center;">Tissue <input type="checkbox"/></td> </tr> <tr> <td colspan="3" style="text-align: center;">Cooled</td> <td colspan="3" style="text-align: center;">Uncooled</td> </tr> </table>	Abscess content <input type="checkbox"/>	Biopt <input type="checkbox"/>	EDTA <input type="checkbox"/>	Faeces <input type="checkbox"/>	Date	Leave this box blank	Semen <input type="checkbox"/>	Lavage <input type="checkbox"/>	Swab <input type="checkbox"/>	Urine <input type="checkbox"/>	Tissue <input type="checkbox"/>	Cooled			Uncooled			Date	Leave this box blank	Initials	Leave this box blank
Abscess content <input type="checkbox"/>	Biopt <input type="checkbox"/>	EDTA <input type="checkbox"/>	Faeces <input type="checkbox"/>	Date			Leave this box blank														
Semen <input type="checkbox"/>	Lavage <input type="checkbox"/>	Swab <input type="checkbox"/>	Urine <input type="checkbox"/>		Tissue <input type="checkbox"/>																
Cooled			Uncooled																		

Please fill out this form as **COMPLETELY** as possible

<b>Practice:</b> _____ <b>Vet:</b> _____ <b>Address:</b> _____ <b>Postal code + city + country:</b> _____ <b>Phone number:</b> _____	<b>Customer no:</b> <input style="width:100%;" type="text"/> Submitter is veterinarian Result to veterinarian Invoice to veterinarian
--------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------

Reference on result and invoice:

Pilot/Project GD-no.. _____ Sampling date: <input style="width:15%; text-align: center;" type="text"/> - <input style="width:15%; text-align: center;" type="text"/> - <input style="width:15%; text-align: center;" type="text"/>	Sampling time (hour:min) : <input style="width:15%; text-align: center;" type="text"/> : <input style="width:15%; text-align: center;" type="text"/> English results (Engelse uitslag)
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Sample number	Name	Chip number
		<input style="width:100%;" type="text"/>
		<input style="width:100%;" type="text"/>
		<input style="width:100%;" type="text"/>
		<input style="width:100%;" type="text"/>
		<input style="width:100%;" type="text"/>

**Explanation / Anamnesis**

**Client**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Bacteria**

Faeces

Swab

Lavage

Abscess  
content

Urine

**Viruses**

Blood

Biopsy

Faeces

Semen

Swab

Organs /  
Placenta

\* Urgent (note different rate!) And sample material cannot be combined with regular research!  
\* Urgent samples must arrive at the lab by 10:00 AM on a business day for results to be posted that same day

**Tick-related diseases**

Blood

Tick

Urine

**Combination packages (Viruses / Bacteria)**

### Commercial document

For the transport of animal by-products and derived products not intended for human consumption in accordance with Regulation (EC) No 1069/2009 within the European Union

**EUROPEAN UNION**

**Commercial document**

Part I: Details of dispatched consignment	I.1. Consignor Name  Address  Postcode				I.2. Document reference No		I.2.a. Local reference No		
					I.3. Central competent authority				
					I.4. Local competent authority				
	I.5. Consignee Name Address  Postcode Tel.				I.6.				
					I.7.				
	I.8. Country of origin		ISO code	I.9. Region of origin		Code	I.10. Country of destination		ISO code
							I.11. Region of destination		Code
	I.12. Place of origin  Establishment  Name Address  Postcode				I.13. Place of destination  Establishment  Name Address  Postcode				
					I.15. Date of departure				
	I.14. Place of loading				I.15. Date of departure				
I.16. Means of transport  Aeroplane                  Ship                  Railway wagon Road vehicle              Other  Identification				I.17. Transporter  Name Address  Postcode					
				I.19. Commodity code (CN code)					
				I.20. Quantity					
I.21. Temperature of products Ambient                          Chilled                          Frozen                          Controlled temperature				I.22. Number of packages					
I.23. Seal/Container No				I.24. Type of packaging					
I.25. Commodities certified for:  Animal feedingstuff                          Technical use                          For research / diagnosis only									
I.26.				I.27. Transit through Member States  Member State                          ISO code Member State                          ISO code Member State                          ISO code					
I.28. Export  Third country                          ISO code Exit point                          Code				I.29.					
I.30.									
I.31. Identification of the commodities  Species (Scientific name)                          Nature of commodity                          Category                          Treatment type                          Manufacturing plant                          Batch number				Approval number of establishments					

COUNTRY

**Animal by-products/derived products not intended for human consumption**

<b>Part II: Certification</b>	II.	Health information	II.a. Certificate reference number	II.b.
	II.1.	Declaration by the consignor I, the undersigned, declare that:		
	II.1.1.	the information in Part I is factually correct;		
	II.1.2.	all precautions have been taken to avoid contamination of the animal by-products or derived products with pathogenic agents and cross-contamination between various Categories.		
	<b>Notes</b>			
	<b>Part I:</b>			
	- Box reference I.9. and I.11.: if appropriate.			
	- Box reference I.12., I.13. and I.17.: approval number of registration number. In the case of processed manure indicate in Box I.13 the approval or registration number of plant or holding of destination.			
	- Box reference I.14.: complete if different from "I.1. Consignor".			
	- Box reference I.25.: technical use: any use other than for animal consumption.			
	- Box reference I.31.:			
	<b>Animal species:</b>	For Category 3 material and products derived therefrom destined for use as feed material. Select from the following: Aves, Ruminants, Non-Ruminants, <i>Mammalia</i> , <i>Pesca</i> , <i>Mollusca</i> , <i>Crustacea</i> , <i>Invertebrates</i> .		
	<b>Nature of commodity:</b>	Enter a commodity chosen from the following list: 'apiculture by-products', 'blood products', 'blood', 'bloodmeal', 'digestion residues', 'digestive tract content', 'dog-chews', 'fishmeal', 'flavouring innards', 'gelatine', 'greaves', 'hides and skins', 'hydrolysed proteins', 'organic fertilisers', 'pet food', 'processed animal protein', 'processed pet food', 'raw pet food', 'rendered fats', 'compost', 'processed manure', 'fish oil', 'milk products', 'centrifuge or separator sludge from milk processing', 'dicalciumphosphate', 'tricalciumphosphate', 'collagen', 'egg products', 'serum of equidae', 'game trophies', 'wool', 'hair', 'pig bristles', 'feathers', 'animal by-products for processing', 'derived products'.		
	<b>Category:</b>	Specify Categories 1, 2 or 3 materials. In case of Category 3 material, indicate the point of Article 10 of regulation (EC) No 1069/2009 that refers to the animal by-product concerned (e.g. Article 10(a), Article 10(b), etc.). In the case of Category 3 material for use in raw petfood indicate '3a', '3b(i)' or '3b(ii)' depending on whether the animal by-products are referred to in Article 10(a) or in Article 10(b)(i) or (ii) of Regulation (EC) No 1069/2009. In the case of hides and skins and products derived therefrom, indicate '3b(iii)' or '3(n)' depending on whether the animal by-products or derived products are referred to in Article 10 (b)(iii) or Article 10(n) of Regulation (EC) No 1069/2009. Where the consignment is made of more than one category, indicate the quantity and if applicable the number of containers per category of materials.		
	<b>Treatment type:</b>	For treated hides and skins indicate the treatment: '(a)' for dried; '(b)' for dry-salted or wet-salted for at least 14 days prior to dispatch; '(c)' for salted for seven days in sea salt with the addition of 2% sodium carbonate. For Categories 1 and 2 materials describe the method of processing or transformation. Indicate the relevant processing method (choose a method from 1 to 5 referred to in Chapter III of Annex IV to regulation (EU) No 142/2011). For Category 3 materials and derived products from Category 3 material destined for use in feed: if appropriate describe the nature and the methods of the treatment. Indicate the relevant processing method (choose a method from 1 to 7 referred to in Chapter III of Annex IV to Regulation (EU) No 142/2011).		
	<b>Batch number:</b>	Enter batch number or ear tag number, if applicable.		
	<b>Part II:</b>			
	<i>The signature must be in a different colour to that of the printing.</i>			
	Signature			
	Done at ..... on.....			
	(place)		(date)	
	..... (signature of the responsible person/consignor) (name, in capital letters)			